

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:

County WashingtonCity or town Boonsboro
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 yearsHospital, institution, or street address where death occurred:
N. main St.How long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Boonsboro
(If outside city or town limits, write RURAL and give nearest town)Street No. N. main St.
(If rural, give LOCATION)2.(a) If veteran, name war no

3. (a) FULL NAME

Charles E. Alexander

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mary Harshman Alexander6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

January - 19 - 1862

8. AGE:

Years

Months

Days

If less than one day

8607

hrs.

min.

9. Birthplace

Fred. Co. Md.
(Town, county, and state)

10. Usual occupation

Labors

11. Industry or business

FATHER

12. Name

Franklin Alexander

13. Birthplace

Fred. Co. Md.

MOTHER

14. Maiden name

Lydia Smith

15. Birthplace

Fred. Co. Md.

16. Informant

Mrs. Mary Alexander

Address

Boonsboro Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Jan. 29, 1948

(month) (day) (year)

Cemetery or crematory

Boonsboro Cemetery

Location

Boonsboro Md.

18. Funeral director

Chas. J. Best & Sons

Address

Boonsboro Md.

19. Date of death

January 29 - 1948

(Date fixed by registrar)

John W. Best

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January - 26 1948, at 11:00 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 17 1946, to Jan. 26 1948and that I last saw him alive on Jan. 26 1948Immediate cause of death Chronic nephritis

DURATION

1 yr. 1 mo.Due to Artificial Hypertension 1 yr. 8 mo.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John W. Best, M.D.

M. D. or other

Address Boonsboro Md. Date signed 1/28/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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1310

305

Dr. Under

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
 County.....
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 45 years
 Hospital, institution, or street address where death occurred:
 Washington County Hospital
 How long in hospital or institution? 2 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland..... County Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 52½ W. Church St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME Elizabeth Ann Andrews

3. (b) Social Security Number
 None

4. Sex Female 5. Color or race White 6. (a) Single, married, or divorced Married
 6. (b) Name of husband or wife..... Lester G. Andrews
 7. Birth date of deceased (mo., day, yr.) June 11, 1883
 8. AGE: Years 64 Months 6 Days 25 If less than one day
hrs.min.

9. Birthplace..... Leitersburg- Wash. Co., Md.
 (Town, county, and state)
 10. Usual occupation..... Home Duties
 11. Industry or business.....

MOTHER FATHER
 12. Name Samuel J. Minor
 13. Birthplace Leitersburg, Md.
 14. Maiden name Clara Rogers
 15. Birthplace Washington Co., Md.

16. Informant Lester G. Andrews
 Address 52½ W. Church St.- Hagerstown, Md.

17. Burial Date thereof Jan. 8, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss
 Address Hagerstown, Md.

19. Jan. 7, 1948 (Date rec'd by registrar)
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 5, 1948
 21. I CERTIFY that death occurred on the date above stated that I attended deceased from 48
 at the last saw him alive on 48
 Immediate cause of death

Carcinoma of esophagus
 Carcinoma of uterus
 DURATION 1 yr.
 Due to Carcinoma
 Due to Uterus
 Other conditions
 (Include pregnancy within 3 months of death)

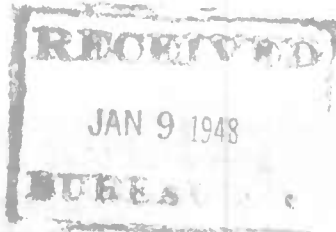
Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE [Signature]
 Address Hagerstown Date signed Jan. 7, 1948

Andrew



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 43 yrs.Hospital, institution, or street address where death occurred:
Washington County HospitalHow long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 837 Chestnut Street
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Sigmund Henry Andrews

3. (b) Social Security Number

214-09-1770

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Catherine Andrews

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby. 22, 19048. AGE: Years 43 Months 10 Days 21 If less than one day
..... hrs. min.9. Birthplace Hagerstown- Wash. Co., Md.
(Town, county, and state)10. Usual occupation Restaurant Proprietor

11. Industry or business

12. Name William Andrews13. Birthplace Washington Co., Md.14. Maiden name Eliza Brumbaugh15. Birthplace Franklin Co., Pa.16. Informant Mrs. Catherine AndrewsAddress 837 Chestnut St- Hagerstown, Md17. Burial Date thereof Jan. 15, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Beautiful View CemeteryLocation Middleburg, Md.18. Funeral director Fred W. KraissAddress Hagerstown, Md.19. Jan. 15, 1948 Chas. H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12, 1948 at P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 7th 1948 to Jan 12th 1948
and that I last saw him alive on Jan 12th 1948Immediate cause of death Coronary Occlusion DURATION 36 hrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. H. Bowers M. D. or otherAddress Hagerstown Md Date signed 1/15/48

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Wm. Layman

00300

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 Hours
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 8 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1911 Lexington Ave
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war.....

3. (a) FULL NAME

RONALD LEE BAKER

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife --
 6.(c) If alive, give age. -- years
 7. Birth date of deceased (mo., day, yr.) October 23 1947
 8. AGE: Years - Months 3 Days 3 If less than one day hrs. min.

9. Birthplace Hagerstown Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation None

11. Industry or business Infant

12. Name Robert L. Baker

13. Birthplace Hagerstown Md.

14. Maiden name Dorothy M. Brewer

15. Birthplace Hagerstown Md.

16. Informant Robert L. Baker

Address Hagerstown Md.

17. Burial Date thereof 1/28/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Jan. 28. 1948 Registrar Charles H. Bowers

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1948 at 8.15 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 25 1948 to January 26 1948

and that I last saw him alive on January 26 1948

Immediate cause of death Lung cancer - bronchitis

Other conditions Branchial - pneumonia

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE W. Layman M. D. or other

Address Hagerstown Md Date signed 26 Jan 48



Expired 1/20/48 4:10 P.M.

MARYLAND STATE DEPARTMENT OF HEALTH BIRTH AND DEATH CERTIFICATE OF ~~Stillbirth~~ 161c Reg. Dist. No. 327

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street address, hospital, or institution:
Washington County Hospital
 Length of mother's stay in County.....
 (How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland
 County Washington
 City or town Rural - Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Route #4
 (If RURAL give LOCATION)

3. Name of child Albert Harry Bartles, III5. Sex Male

6. Twin or triplet.....

4. Date of birth Jan. 20, 1948 Hour 1:14 P.M.

7. No. of weeks pregnancy.....

FATHER OF CHILD

8. Full name Albert Harry Bartles, Jr.
 9. Color White 10. Age at time of this birth 24 yrs.
 11. Usual occupation Fireman-Pa. Railroad

MOTHER OF CHILD

12. Full maiden name Lillian Loretta McNamee
 13. Color White 14. Age at time of this birth 22 yrs.
 15. Usual occupation Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 2
 (b) How many other children were born alive but are now dead? 0 (c) How many other children were born dead? 0

17. Did child die before labor? No During labor? No

18. Pregnancy, complications of.....

19. Labor: (a) Complications of.....

(b) Induced?.....

20. (a) Was there an operation for delivery? No

(Yes or No)

(b) State all operations, if any.....

(c) Did child die before operation? —During operation? —

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes Hemorrhage into Lungs

cause unknown

(b) Maternal causes.....

(Autopsied Jan/21/'48)

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature S. Robert Wells, M.D.
(Specify if M. D., midwife, or other)Address 115 N. Potomac St., Hagerstown23. (a) Burial (b) Date thereof Jan. 21 '48
(Burial, cremation or removal) (month) (day) (year)(c) Cemetery or crematory Cemetery - Broad Ford24. (a) Funeral director A. K. Coffman(b) Address E. Antietam St., Hagerstown, Md.25. (a) Jan. 21, 1948 (b) Phyllis Powers
(Date rec'd by registrar) (Registrar)26. (To be filled out if no physician was present at delivery.)
The above certificate has been examined by me.

Health Officer, per.....

* See Instruction C on stub.

Child lived 2 hrs.
56 minutes

V. S. A10

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JAN 23 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 00902 305

1. PLACE OF DEATH:

County Washington
City or town San Mar
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? One year
Hospital, institution, or street address where death occurred:
Johnny memorial home
How long in hospital or institution? one year

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 40 Randolph ave
(If rural, give LOCATION)
2.(a) If veteran, name war no

3. (a) FULL NAME

Emma J. Beachley

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Luther Beachley

7. Birth date of deceased (mo., day, yr.) February - 7 - 1859

8. AGE: Years 88 Months 11 Days 24 If less than one day hrs. min.

9. Birthplace Middleton Fred. Co. md.
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Own home

12. Name Jacob Willide

13. Birthplace Middleton Fred. Co. md.

14. Maiden name Ann Fox

15. Birthplace Middleton Fred. Co. md.

16. Informant Mrs. Harry C. Eckstine

Address 128 S. Wash. St. Greenbelt Pa.

17. Burial Date thereof Feb. 4, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Middleton md.

18. Funeral director Wm J. Best & Sons

Address Boonsboro md

19. Feb. 4, 1948 19 John H. Best
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 19 48 at 10.30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 5 19 47 to January 31 19 48

and that I last saw him alive on January 31 19 48

Immediate cause of death Cardio-Renal Vascular Disease

DURATION

6 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. J. Best M.D.

Address Boonsboro Date signed 2/2/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00903

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... **Washington**
City or town... **Hagerstown**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **44 years**
Hospital, institution, or street address where death occurred:
Washington County Hospital
How long in hospital or institution? **3 days**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... **Md.** County... **Washington**
City or town... **Hagerstown**
(If outside city or town limits, write RURAL and give nearest town)
Street No. **354 N. Cannon Ave.**
(If rural, give LOCATION)
2. (a) If veteran, name war... **--**

3. (a) FULL NAME

Dora Bell Bollinger

3. (b) Social Security Number

--

4. Sex **female** 5. Color or race **white** 6. (a) Single, married, widowed, or divorced **single**

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) **December 8, 1876** 6. (c) If alive, give age... years

8. AGE: Years **71** Months **1** Days **21** If less than one day... hrs. ... min.

9. Birthplace **Blair Co., Penna.**
(Town, county, and state)

10. Usual occupation **housekeeper**

11. Industry or business

12. Name **Harry L. Bollinger**

13. Birthplace **Blair Co., Penna.**

14. Maiden name **Harriet Whitaker**

15. Birthplace **Blair Co., Penna.**

16. Informant **Frank Bollinger**

Address **Hagerstown, Md.**

17. **burial** Date thereof **1-31-48**
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory **Rose Hill Cemetery**

Location **Hagerstown, Md.**

18. Funeral director **Scott F. Minnich & Son**

Address **Hagerstown, Md.**

Jan. 31 1948 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH **January 29 1948** at **3:30 a.m.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Jan. 26 1948** to **Jan. 29 1948** and that I last saw him alive on **Jan. 28 1948**

Immediate cause of death **Excephalopathy due to cerebral hyperthermia**

Due to **Hypertensive Cardiovascular Disease**

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results **No.**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide **X** Date of **X**

Where did injury occur? **X** (City or town) **X** (County) **X** (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **W. Howard Yeager**

M. D. or other **Hagerstown Md**

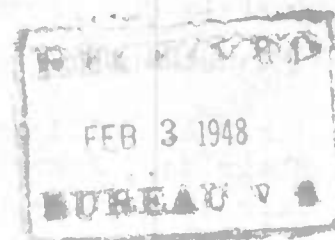
Date signed **1-30-48**

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
 County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
512 George Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 512 George Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME
William Henry Boward

3. (b) Social Security Number
2204-10-3517

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Emma Jane Boward
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) August 26, 1885
 8. AGE: Years 62 Months 4 Days 25 If less than one day _____ hrs. _____ min.

9. Birthplace Hagerstown, Maryland
 (Town, county, and state)
 10. Usual occupation Fireman
 11. Industry or business New York Central R.R. Co
 12. Name Harry M. Boward
 13. Birthplace Washington Co. Maryland
 14. Maiden name Susan E. Hamburg
 15. Birthplace Washington Co. Maryland

16. Informant Mrs. Emma Boward
 Address 512 George St. Hagerstown, Md.
 17. Burial Date thereof Jan. 24, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown, Maryland
 Fred W. Kraiss
 16. Funeral director
 Address Hagerstown, Maryland
Jan. 26, 1948
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION
 20. DATE OF DEATH Dec 13 1947, at 7:30 P.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 13 1947, to Jan 20 1948
 and that I last saw him alive on Jan 20 1948
 Immediate cause of death Coronary Thrombosis
 DURATION 38 days
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 8 months of death)
 Major findings of operations _____
 Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where)? _____
 Means of injury _____ Injured at work?
 23. SIGNATURE Robert P. Conrad, M.D.
 Address Hagerstown, Md M. D. or other _____
 Date signed 1-24-48

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JAN 28 1948
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Keadle

00905

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 Days
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 248 N. Mulberry St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

AMOS BIGGS BRASHEARS

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife ---
 6.(c) If alive, give age --- years
 7. Birth date of deceased (mo., day, yr.) February 20, 1872
 8. AGE: Years 75 Months 11 Days 5 It less than one day --- hrs. --- min.

9. Birthplace Sharpsburg, Washington Co. Md.
 (Town, county, and state)

10. Usual occupation Tailor

11. Industry or business Retired

12. Name Dan S. Brashears

13. Birthplace Sharpsburg Md.

14. Maiden name Johanna Renner

15. Birthplace Sharpsburg Md.

16. Informant Mrs Evelyn Winters

Address Washington D. C.

17. Burial Date thereof 1/27/48

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Mountain View Cemetery

Location Sharpsburg Washington Co. Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Jan. 26, 48 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25, 1948 at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
24 January 1948 to 19

and that I last saw h. in alive on 24 January 1948

Immediate cause of death Pulmonary edema

DURATION

30-36 hr

Due to Cardiac failure

Due to Suspected coronary occlusion

Other conditions Diabetes mellitus

Amputation, above-knee, rt. leg

(Include pregnancy within 8 months of death)

toes, left foot.

Major findings of operations None

Date of op. ---

Autopsy results Not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of ---

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

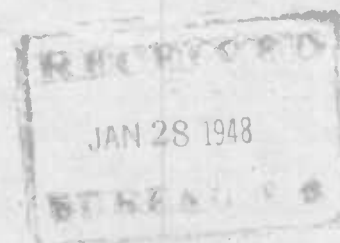
Means of injury Injured at work?

23. SIGNATURE Robert T. Keadle

M. D. or D.D.S.

Address 132 West Wash. St. Date signed 1-26-48

Hagerstown Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

00906

1. PLACE OF DEATH:

County WASHINGTON
City or town MAUGANSVILLE
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 YRS.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MARYLAND County WASHINGTON
City or town MAUGANSVILLE
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war NON-VET.

3. (a) FULL NAME

CLARA NACE BREWER

3. (b) Social Security Number

NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced WIDOWED

6. (b) Name of husband or wife EDWARD W. BREWER

7. Birth date of deceased (mo., day, yr.) MARCH 30, 1870 6. (c) If alive, give age _____ years

8. AGE: Years 77 Months 9 Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace HAGERSTOWN, WASHINGTON, MD.
(Town, county, and state)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name ALFRED HENNEBERGER

13. Birthplace MARYLAND

14. Maiden name MARY WAMPLER

15. Birthplace CHAMBERSBURG, PA.

16. Informant Charles E. Brewer

Address 711 W. Church St. Hagerstown, Md.

17. Burial Date thereof 1/16/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium St. Paul's Cemetery

Location Washington County, Md.

18. Funeral director W. J. Normant

Address Hagerstown, Md.

19. Jan. 14, 48 (Date rec'd by registrar) Registrar Charles E. Brewer

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13, 1948 at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946 to Jan 13, 1948

and that I last saw him alive on Jan 13, 1948

Immediate cause of death Diabetic Coma DURATION 2 days

Due to Diabetic Mellitus 7

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Charles E. Brewer M. D. or other

Address Hagerstown, Md. Date signed 1/14/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. H. R. Kritzger



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington County Hospital
How long in hospital or institution? 5 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penn County Franklin
City or town Muncersburg Pa
(If outside city or town limits, write RURAL and give nearest town)
Street No. RD 1
(If rural, give LOCATION) ✓

2.(a) If veteran, name war

3. (a) FULL NAME

William Henry Burke

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Black

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1 19478. AGE: Years Months Days If less than one day
3 28 hrs. min.9. Birthplace Muncersburg Pa RD 1
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Robert V. Burke13. Birthplace Muncersburg Pa.14. Maiden name John E. Stover15. Birthplace Muncersburg Pa RD 116. Informant Mrs Robert V. BurkeAddress Muncersburg Pa RD 117. Burial Date thereof Jan. 30 48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lion Union Cemetery Muncersburg Pa.Location D. J. Zimmerman & Son18. Funeral director D. J. Zimmerman & SonAddress Muncersburg Pa.19. Jan. 29 48 Registrar Frank H. Bowers

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 19 48 at M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 9 19 48 to Jan. 29 19 48and that I last saw him alive on January 29 19 48Immediate cause of death Marasmus

DURATION

Due to

Due to

Other conditions Otitis media

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op

Autopsy results Acute intestinal (2) Partial atelectasis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Elizabeth S. Lina M. D. or otherAddress 214 N. Petrus St. Hagerstown Date signed 1-29-48

MARGIN RESERVED FOR BINDING

VS A15

9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 31 1948

FEB 1 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 300

1. PLACE OF DEATH:

County Washington
City or town Sharpsburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 37 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town Sharpsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No. World War II
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Glenn Otto Carnahan, Glenn Otto

3. (b) Social Security Number

213 10 4793

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Ruth Dubel Carnahan

7. Birth date of deceased (mo., day, yr.) Sept 11, 1910 6. (c) If alive, give age 27 years

8. AGE: Years 37 Months 3 Days 28 If less than one day hrs. min.

9. Birthplace Sharpsburg, Washington, Maryland
(Town, county, and state)

10. Usual occupation Mechanic (automobile)

11. Industry or business Filling Station & Garage

12. Name Houston Earl Carnahan

13. Birthplace Funkstown, Maryland

14. Maiden name Lillian K. Otto

15. Birthplace Sharpsburg, Maryland.

16. Informant Houston Earl Carnahan

Address Sharpsburg in Maryland.

17. Burial Date thereof Jan. 11, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. View Cemetery

Location Sharpsburg, Maryland.

18. Funeral director Edith F. Leaf

Address Williamsport, Maryland

19. 110 47 City of Sharpsburg
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9, 1948 9:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Crushed chest

Due to Internal hemorrhage and shock

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 1/7/48

Where did injury occur? Sharpsburg Wash. Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where)? Garage

Means of injury Crushed by automobile Injured at work? Yes

23. SIGNATURE J. Robert Wells DEPUTY MEDICAL EXAM.
WASH. CO., MD.

Address Hagerstown, Md. Date signed 1/10/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct. Be especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Earl Young

00909

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 Year
 Hospital, institution, or street address where death occurred:
701 Spruce St.
 How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 701 Spruce St.
 (If rural, give LOCATION)
 2(a) If veteran, name war None

3. (a) FULL NAME

MRS. ELEANORA FRANCES COFFMAN

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Theodore
 6. (c) If alive, give age. -- years

7. Birth date of deceased (mo., day, yr.) May 3 1867

8. AGE: Years 80 Months 8 Days 22 It less than one day hrs. min.

9. Birthplace Sleepy Creek Morgan Co. W. Va.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name James Smith

13. Birthplace Sleepy Creek W. Va.

14. Maiden name Non Record

15. Birthplace No Record

16. Informant Ervin Coffman

Address Berkeley Springs W. Va.

17. Burial Burial Date thereof 1/28/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Jan. 26, 48 Chas. Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P

20. DATE OF DEATH January 25 1948 at 4.40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1945 to 1-25-48

and that I last saw him alive on 1-25-48

Immediate cause of death Congestive heart failure DURATION 3 yrs.

Due to Chronic Myocarditis

Other conditions (Include pregnancy within 8 months of death)

Major findings of operations Date of op.

Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

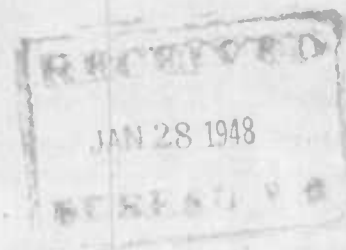
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Earl Young MD M. D. or other 1-26-48

Address Hagerstown Md. Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Wells

1634

00910

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 Months
 Hospital, institution, or street address where death occurred:
335 S. Potomac
 How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 335 S. Potomac St.
 (If rural, give LOCATION)
 2(a) If veteran, name war World War 2 A.N. 33-555-742

3. (a) FULL NAME

William Calvin Coffinberger

3. (b) Social Security Number

234-22-6845

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Kathleen Coffinberger
 6. (c) If alive, give age 24 years
 7. Birth date of deceased (mo., day, yr.) July 11, 1923
 8. AGE: Years 24 Months 6 Days 13 If less than one day hrs. min.

9. Birthplace Martinsburg, Berkeley Co., W. Va.
 (Town, county, and state)

10. Usual occupation Machinist

11. Industry or business Fairchild Corp.

12. Name William E. Coffinberger

13. Birthplace Shepherdstown, W. Va.

14. Maiden name Margaret Link

15. Birthplace Shepherdstown, W. Va.

16. Informant Mrs. Kathleen Coffinberger

Address Hagerstown, Md.

17. Burial Date thereof Jan. 27, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Dale Cemetery

Location Martinsburg, W. Va.

18. Funeral director Andrew K. Coffman

Address Hagerstown, Md.

19. Jan 26, 48 Registrar Robert Bowers
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24, 48 at 10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....
 and that I last saw him.....alive on.....19.....

Immediate cause of death Asphyxia from illuminating gas

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 1/26/48

Where did injury occur? Hagerstown Wash. Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury illuminating gas poisoning Injured at work? No

DEPUTY MEDICAL EXAM.

WASH. CO., MD.

23. SIGNATURE Robert Wells M. D. Robert Wells

Address Hagerstown, Md. Date signed 1/26/48

RECEIVED

JAN 28 1948

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 00911

1. PLACE OF DEATH:

County Washington
 City or town Cascade
 (If outside city or town limits, write RURAL NEAR and give town)
 Street address, hospital, or institution: Ritchie Hospital
 Stay in hospital or inst. (yrs., or mos., or days) 22 days
 Stay in this community (yrs., or mos., or days) _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Baltimore
 City or town Ryderwood Ward No. _____
 (If outside city or town limits, write RURAL NEAR and give town)
 Street No. Willow Avenue
 (If rural give LOCATION)
 2(a) IF VETERAN, NAME WAR _____ ✓

3. (a) FULL NAME

Sarah Emily Dempsey

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FemaleWhiteMarried6. (b) Name of husband or wife Harry Dempsey

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 1899, June 58. AGE: Years 48 Months 6 Days 12 If less than one day _____ hrs. _____ min.9. Birthplace Glenora, Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name William Fowler13. Birthplace Unknown14. Maiden name Emily Bailey15. Birthplace Unknown16. Informant Hospital Records

Address

17. Burial Date there Jan. 15, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Jessop's Church CemeteryLocation Cockeysville, Balto. Co., Md.18. Funeral director John Burns' SonsAddress Towson, Maryland19. 1/14/48 19 48 A. W. Hedrick
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 19 48, at 8:45 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 22, 1947 to Jan 12 19 48, and that I last saw him alive on Jan 12 19 48.

Immediate cause of death

Carcinoma of base of the tongue

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Thomas M. Armstrong, M.D. M.D. or otherAddress Ritchie Hospital Date signed Jan 13, 1948
Cascade, Md

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Birth and Death 00912
159

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF STILLBIRTH

Reg. Dist. No. 302

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street address, hospital, or institution:
Washington Co. Hospital
Length of mother's stay in County Life
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. Security Md.
(If RURAL give LOCATION)

3. Name of child DiFabbio

4. Date of birth 1/20 1948 Hour 2.38 PM.

5. Sex Female 6. Twin or triplet

7. No. of weeks pregnancy 7 mos.

FATHER OF CHILD

MOTHER OF CHILD

8. Full name Frank Joseph DiFabbio
9. Color W 10. Age at time of this birth 26 yrs.
11. Usual occupation Cement Mill employee

12. Full maiden name Helen Barbara Brown
13. Color White 14. Age at time of this birth 19 yrs.
15. Usual occupation Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0 (c) How many other children were born dead? 0

17. Did child die before labor? No During labor? No

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

18. Pregnancy, complications of

(a) Fetal causes Immaturity - 29 wks 2 1/2 lbs

19. Labor: (a) Complications of

(b) Maternal causes Not determined

(b) Induced?

20. (a) Was there an operation for delivery? No

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

(b) State all operations, if any.

Signature W. H. Campbell
(Specify if M. D., midwife, or other)

(c) Did child die before operation? No

During operation?

Address Hagerstown, Md.

23. (a) Burial (b) Date thereof 1/31/48
(Burial, cremation or removal) (month) (day) (year)

25. (a) Jan. 31, 1948 (b) Chas. B. Ward
(Date rec'd by registrar) (Registrar)

(c) Cemetery or crematory Rose Hill Cemetery

24. (a) Funeral director Andrew R. Coffman

26. (To be filled out if no physician was present at delivery.)
The above certificate has been examined by me.

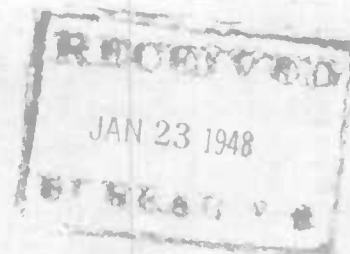
(b) Address Hagerstown Md.

Health Officer, per

* See Instruction C on stub.

INFANT LIVED FEW MINUTES.

V. S. A10



Birth and Death 00913

MARYLAND STATE DEPARTMENT OF HEALTH 2000
CERTIFICATE OF STILLBIRTH

Reg. Dist. No. 302

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Washington
City or town Hagerstown, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street address, hospital, or institution:
Washington Co. Hospital
Length of mother's stay in County
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland
County Washington
City or town Hagerstown, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rural Route # 4
(If RURAL give LOCATION)

3. Name of child Donahue
5. Sex Male | 6. Twin or triplet

4. Date of birth 1/27/1948 Hour 1 P M.
7. No. of weeks pregnancy 29 weeks

FATHER OF CHILD

8. Full name Richard Alvin Donahue
9. Color White 10. Age at time of this birth 26 yrs.
11. Usual occupation R. R. Brakeman

MOTHER OF CHILD

12. Full maiden name Mary Emma Johnson
13. Color White 14. Age at time of this birth 21 yrs.
15. Usual occupation Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 0 (c) How many other children were born dead? 0

17. Did child die before labor? No During labor? No

18. Pregnancy, complications of

19. Labor: (a) Complications of
(b) Induced?

20. (a) Was there an operation for delivery? No
(b) State all operations, if any (Yes or No)

(c) Did child die before operation? No
During operation? No

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes Not determined

(b) Maternal causes Not known

Infant lived 44 hours.

22. I certify to the birth of this child who was born ~~dead~~ on the date and hour above stated.

Signature Not Carney 6427
(Specify if M. D., midwife, or other)

Address Hagerstown, Md.

23. (a) Burial (b) Date thereof 1-30-1948
(Burial, cremation or removal) (month) (day) (year)

(c) Cemetery or crematory Rest Haven Cemetery

24. (a) Funeral director Loth & Minnick, Inc.

(b) Address Hagerstown Md.

25. (a) Jan 30, 1948 (b) Clark Powers
(Date rec'd by registrar) (Registrar)

26. (To be filled out if no physician was present at delivery.)
The above certificate has been examined by me.

Health Officer, per

* See Instruction C on stub.

INFANT LIVED 44 HOURS.

V. S. A10

RECEIVED

FEB 2 1948

BT 666

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00914

Reg. Dist. No. 382

1. PLACE OF DEATH:
County Washington
City or town Hagerstown, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 years
Hospital, institution, or street address where death occurred:
520 Reynold Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 520 Reynold Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME
Marie L. Draper

3. (b) Social Security Number
NONE

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow
6. (b) Name of husband or wife Ebenezer Draper
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 6, 1857
8. AGE: Years 90 Months 6 Days 16 If less than one day hrs. min.

9. Birthplace Chenbier, France
(Town, county, and state)
10. Usual occupation Housework

11. Industry or business
FATHER 12. Name Eugene Plancon.
13. Birthplace France
MOTHER 14. Maiden name Not Known
15. Birthplace France

16. Informant Robert N. Draper
Address Hagerstown, Maryland
17. Removal Date thereof 1-23-48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Kensico Cemetery
Location New York City
18. Funeral director C. M. Suter & Sons
Address Hagerstown, Maryland
19. Jan. 22, 48 Chas. H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/22/48 1948 at 8 a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov - 1, 1947 to 1/22, 1948
and that I last saw him alive on 1/20 1948

Immediate cause of death Known large
int lung cavity
DURATION Immediate
Due to Carcinoma of left breast
+ lung
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)

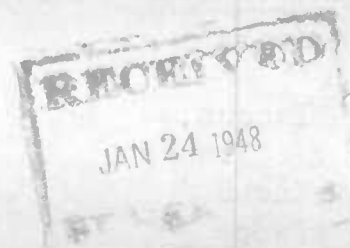
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. or other
Address Hagerstown, Md. Date signed 1/22/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 009153

1. PLACE OF DEATH: Washington -
 County.....
 City or town R.F.D. 2 Hagerstown Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Sept 15 - 1947
 Hospital, institution, or street address where death occurred: R.F.D. 2 Hagerstown Md Gateways Nursing Home
 How long in hospital or institution? Sept 15 - 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Pennsylvania County Franklin
 City or town Chambersburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 125 Lawrence avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war ☒

3. (a) FULL NAME
Grove - Tirz is Ellen

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Grove - David L. (Deceased)

7. Birth date of deceased (mo., day, yr.) December 23 - 1866 6. (c) If alive, give age _____ years

8. AGE: Years 81 Months 1 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Seven Stars Pa.
 (Town, county, and state)

10. Usual occupation House wife.

11. Industry or business Home.

FATHER 12. Name Blank.

13. Birthplace Pa.

MOTHER 14. Maiden name Kittingen - Tirz is.

15. Birthplace Pa.

16. Informant Grove - Herbert Harrison

Address Chambersburg Pa.

17. Buried Date thereof 9-31-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cedar Grove.

Location Chambersburg, Pa.

18. Funeral director J. H. Goshen

Address 338 S. W. Chambersburg Pa.

19. 1-29-48 19 Sept 15 - 1947
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 19 48, at 7:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15 - 1948 to Jan 29 - 1948 and that I last saw him alive on Jan 23 - 1948

Immediate cause of death chronic endocarditis
chronic nephritis
arterio-sclerosis
chronic arthritis.

Due to arterio-sclerosis
chronic arthritis.

Other conditions 0

(Include pregnancy within 8 months of death)
 Major findings of operations 0

Autopsy results 0
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide 0 Date of 0

Where did injury occur? 0
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) 0
 Means of injury 0 Injured at work? 0
Victor D. Miller M.D.
 23. SIGNATURE DR. VICTOR D. MILLER
 131 W. WASHINGTON, ST. M. D. or other
 Address 1129-1948 Date signed 11-29-1948

RECEIVED
FEB 6 1948
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH:

County... Washington
 City or town... Kemps Mill near Williamsport
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... Nine Years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington
 City or town... Kemps Mill near Williamsport
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Kemps Mill (RFD #2 Hagerstown)
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3.(a) FULL NAME

Albert Grover Everly

3.(b) Social Security Number

215-18-2039

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Buleah Irene Everly
 6.(c) If alive, give age 53 yrs years
 7. Birth date of deceased (mo., day, yr.) 4-3-1892

8. AGE: Years 55 Months 9 Days 25 It less than one day _____ hrs. _____ min.

9. Birthplace Hagerstown, Wash., Maryland
 (Town, county, and state)

10. Usual occupation Taxi Cab Driver

11. Industry or business Taxi Business

12. Name Joseph Iverly

13. Birthplace Cascade, Maryland

14. Maiden name Annie Kaufman

15. Birthplace Chambersburg, Penna.

16. Informant Buleah Irene Everly

Address RFD #2 Hagerstown, Md.

17. Burial Date thereof Jan. 31, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Riverview Cemetery

Location Williamsport, Maryland

18. Funeral director Edith V. Leaf

Address Williamsport, Maryland

19. 1/31/48 Mrs. E. Lee McElroy
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 19 48 at 3:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____ DURATION _____

Due to gun shot - wound
of skull

Due to with amnesia
of skull & brain
tissue

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of Jan. 28 '48

Where did injury occur? Williamsport Wash. Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury shot self in head with shotgun

DEPUTY MEDICAL EXAM J. Robert Wells WASH. CO., MD.

23. SIGNATURE J. Robert Wells M. D. or _____

Address Hagerstown, Md. Date signed Jan. 28 '48

RECEIVED

FEB 3 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The connectage is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Eight Years
 Hospital, institution, or street address where death occurred:
1319 Hamilton Blvd.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1319 Hamilton Blvd.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

William J. Falk

3. (b) Social Security Number

4. Sex..... Male 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Married
 6. (b) Name of husband or wife..... Sylvia Falk
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... November 6, 1905
 8. AGE: Years..... 42 Months..... 2 Days..... 16 If less than one day..... hrs. min.

9. Birthplace..... Baltimore, Maryland
 (Town, county, and state)
 10. Usual occupation..... Dentist
 11. Industry or business.....

12. Name..... Joseph Falk
 13. Birthplace..... Europe
 14. Maiden name..... Amelia Schuster
 15. Birthplace..... Erie, Pennsylvania
 16. Informant..... Mrs. Sylvia Falk
 Address..... 1319 Hamilton Blvd. Hagerstown, Md.
 17. Burial..... Jan. 25, 1948
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)
 Cemetery or crematory..... Hebrew Cemetery
 Location..... Virginia Ave. - Hagerstown, Md.
 18. Funeral director..... Fred W. Kraiss
 Address..... Hagerstown, Md.
 19. Jan. 26, 1948
 (Date rec'd by registrar)..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 22, 1948, at 9:30 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 22, 1948 to Jan 22, 1948 and that I last saw him alive on Jan 22, 1948
 Immediate cause of death..... Coronary Thrombosis
 DURATION..... 1 1/2 hrs
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?.....

23. SIGNATURE..... Silney Howerstein M.D.
 Address..... Fulton Ave. Md. M. D. or other
 Date signed..... 1/25/48

RECORDED

JAN 28 1948

BT 5850 - 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 00918 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 days
 Hospital, institution, or street address where death occurred:
1004 Keweenaw
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Va County Roanoke
 City or town Roanoke
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war ☒

3. (a) FULL NAME

Elizabeth Hammond Fisher

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife William F. Fisher
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) December 7 1865
 8. AGE: Years 82 Months 1 Days 15 If less than one day _____ hrs. _____ min.
 9. Birthplace Benevola Md
 (Town, county, and state)
 10. Usual occupation House wife
 11. Industry or business

FATHER
 12. Name David Hammond
 13. Birthplace Benevola Md
MOTHER
 14. Maiden name Margaret Ripple
 15. Birthplace Benevola Md
 16. Informant Miss Julia Jacobs
 Address C. Main St. Hagerstown, Pa
 17. Buried Date thereof 1/26/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Burns Hill Cemetery
 Location Hagerstown, Pa
 18. Funeral director Walter G. Hume
 Address 27 S. Quaker St. Hagerstown, Pa
 19. Jan. 25, 1948 Bessie Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1948 at 10 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20 1948 to Jan 22 1948
 and that I last saw him alive on Jan 20 1948
 Immediate cause of death _____

DURATION

Cerebral hemorrhage Few minutes
 Due to _____
 Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE R. S. Stauffer, M.D. M. D. or other
 Address Hagerstown, Md Date signed Jan 22, 1948

RECORDED
JAN 27 1948
BUREAU 3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Washington County Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Rural - Hancock
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME
Edith Diver Flowers

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Elmer Flowers
7. Birth date of deceased (mo., day, yr.) April 13, 1902
6. (c) If alive, give age 47 years
8. AGE: Years 45 Months 9 Days 15 If less than one day
hrs. min.

9. Birthplace Fulton Co. Penna.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
12. Name Edward Lemuel Diver
13. Birthplace Pennsylvania
14. Maiden name Catherine Hendershot
15. Birthplace Pennsylvania

16. Informant Elmer Flowers
Address Route #1, Hancock, Md.
17. Buried Date thereof 2-1-48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or Rogers Heights Lutheran
Location Route 1, Hancock, Md.
18. Funeral director Charles R. Bast
Address Hancock, Md.

19. Jan 31, 1948 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28, 1948 at 5:20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 28, 1948 to Jan 28, 1948
and that I last saw her alive on Jan 28, 1948
Immediate cause of death Septicemia - due to streptococcus
DURATION 5 days
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

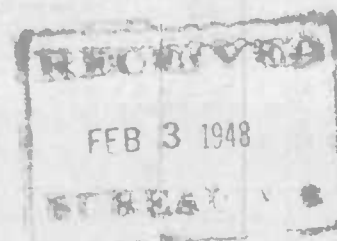
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. L. Stauffer M. D.
Address Hagerstown, Md. Date signed Jan 30, 1948

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County..... **Washington**
 City or town..... **Hagerstown**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... **28 years**
 Hospital, institution, or street address where death occurred:
36 E. Franklin St.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... **Md.** County..... **Washington**
 City or town..... **Hagerstown**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... **36 E. Franklin St.**
 (If rural, give LOCATION)
World War I
 2.(a) If veteran, name war.....

3. (a) FULL NAME

George W. Funkhouser

3. (b) Social Security Number

4. Sex..... **male** 5. Color or race..... **white** 6. (a) Single, married, widowed, or divorced..... **married**
 6. (b) Name of husband or wife..... **Ruth H. Funkhouser**
 6. (c) If alive, give age..... **46** years
 7. Birth date of deceased (mo., day, yr.)..... **June 3, 1897**
 8. AGE: Years..... **50** Months..... **7** Days..... **23** If less than one day..... hrs. min.

9. Birthplace..... **Needmore, Hampshire Co., W. Va.**
(Town, county, and state)

10. Usual occupation..... **Mail Handler**
 11. Industry or business..... **U. S. Post Office**

FATHER 12. Name..... **Phinis Funkhouser**
 13. Birthplace..... **Needmore, W. Va.**

MOTHER 14. Maiden name..... **unknown**
 15. Birthplace.....

16. Informant..... **Mrs. Ruth Funkhouser**
 Address..... **Hagerstown, Md.**

17. **burial** Date thereof..... **1-29-48**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... **National Cemetery**
Sharpsburg, Md.
 Location.....

18. Funeral director..... **Scott F. Minnich & Son**
 Address..... **Hagerstown, Md.**

19. **Jan. 28, 48** 19 **48** **George W. Funkhouser**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **January 26, 1948** at **3:30 p. m.**

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

March 11, 1946 to **Dec 10, 1947**
 and that I last saw him alive on **Dec 10, 1947**

Immediate cause of death

Arteriosclerosis, heart disease, hypertensive, fatal disease, ventricular fibrillation

DURATION

many years
1 hour

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... **Phinis Funkhouser** M. D. or other

Address..... **Hagerstown, Md.** Date signed..... **1/28/48**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00921

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... Washington
 City or town... Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 years
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 349 South Cannon Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Nancy E. Ganoe

3. (b) Social Security Number

214-09-1117

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Divorced

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

May 3, 1898

8. AGE:

Years

Months

Days

If less than one day

4986

hrs.

min.

9. Birthplace.....

Springfield, W. Va.

(Town, county, and state)

10. Usual occupation.....

Housework

11. Industry or business.....

FATHER

12. Name.....

Eli Stewart

13. Birthplace.....

Springfield, W. Va.

MOTHER

14. Maiden name.....

Claudis Haines

15. Birthplace.....

Springfield, W. Va.

16. Informant.....

Miss Helen Ganoe

Address.....

Hagerstown, Maryland

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof.....

1-12-48

(month) (day) (year)

Cemetery or crematory.....

Wesley Chapel

Location.....

Springfield, W. Va.

18. Funeral director.....

C. M. Suter & Sons

Address.....

Hagerstown, Maryland

19.

Jan 10, 48

(Date rec'd by registrar)

19.

Geo. H. Bowers

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

January 9,1948at 10 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1946

19

to

date of death

19

and that I last saw her alive onJan 9 -1948

Immediate cause of death.....

Shock

Due to.....

Lapantomy
(Bill on operating table)

Due to.....

Other conditions.....

Ovarian cyst

(Include pregnancy within 8 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

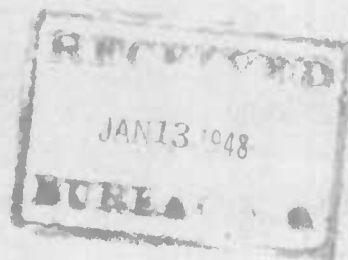
Hagerstown Md

M. D. or other

Address.....

Date signed.....

1/10/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? unknown
Hospital, institution, or street address where death occurred:
Washington County Home
How long in hospital or institution? 17 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Alice Glover

3. (b) Social Security Number

--

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife _____ 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 3, 1885

8. AGE: Years 62 Months 10 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace Ohio state
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

FATHER 12. Name Thomas Glover

13. Birthplace --

MOTHER 14. Maiden name Elizabeth McBride

15. Birthplace --

16. Informant Fred Long

Address Hagerstown, Md.

17. burial Date thereof 1-12-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Washington County Home

Location Hagerstown, Md.

16. Funeral director Scott F. Minnich & Son

Address Hagerstown, Md.

19. Jan. 12, 48 Registrar Chas. H. Bowers

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 19 48 at 3:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 20th 19 47, to Jan 11th 19 48 and that I last saw him alive on Jan 7th 19 48

Immediate cause of death medication DURATION

Carcinoma mediastinum 2 yrs.

Due to ischemia

Due to Fracture ischiuum 22 days

Fall due to Vertigo; primary cause of death

was due to far advanced Carcinoma, I do not

Other conditions feel that this death should be classified as

(Include pregnancy within 8 months of death) accidental.

Major findings of operations [2/27/48 a.s.]

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No No non-Accidental Date of 1/1/48

Accident, suicide, or homicide _____

Where did injury occur? Hagerstown (City or town) Md (County) Washington (State)

Injured at home, farm, industry, public place (where?) Washington County Home

Means of injury fall while going to bathroom Injured at work? _____

23. SIGNATURE Ernest F. Park M. D. or other

Address Hagerstown Md Date signed 1/11/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and legibly. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00923

Reg. Diat. No. 302

1. PLACE OF DEATH:

County Washington CountyCity or town Hagerstown Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 19 yrs.

Hospital, institution, or street address where death occurred:

132 S. Locust St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown Maryland
(If outside city or town limits, write RURAL and give nearest town)Street No. 132 S. Locust Street
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

Mr. Clarence Theodore Gossard

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Estella M. Gossard8. (c) If alive, give age 49 years

7. Birth date of

deceased (mo., day, yr.) July 3 1887

8. AGE:

Years

Months

Days

If less than one day

60624

hrs.

min.

9. Birthplace Williamsport, Maryland
(Town, county, and state)10. Usual occupation Contractor11. Industry or business Buildings12. Name John Theodore Gossard13. Birthplace Middleburg Pa.14. Maiden name Josephine Barnes15. Birthplace Marlowe W. Va.16. Informant Estella M. GossardAddress 132 S. Locust St. Hagerstown Md.17. Burial Date thereof Jan. 30 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rest Haven CemeteryLocation Hagerstown, Maryland18. Funeral director Edith V. LeafAddress #7 Church Street Williamsport Md.19. Jan 28 48 B. B. Bower
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-27 19 48 at 11:35 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8-30- 19 47, to 1-27 19 48.and that I last saw him alive on 1-27-48 19

Immediate cause of death

Carcinoma of Left Lung

DURATION

1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of Left Lung
Date of op. About Oct 25, 1947

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

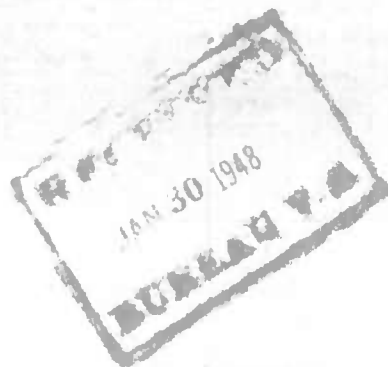
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Salton M. Welty, M.D.Address Hagerstown, Maryland Date signed 1-28-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:

County WashingtonCity or town Dargan
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

R.F.D. #1, Harpers Ferry, W. Va.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Dargan
(If outside city or town limits, write RURAL and give nearest town)Street No. R.F.D. #1, Harpers Ferry, W. Va.
(If rural, give LOCATION)None

2.(a) If veteran, name war

3. (a) FULL NAME

Mabel May Grim

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

James Henry Grim

7. Birth date of deceased (mo., day, yr.)

May 6, 18976. (c) If alive, give age 55 years

8. AGE:

Years

50

Months

8

Days

20

If less than one day

hrs.

min.

9. Birthplace Dargan, Washington Co., Maryland
(Town, county, and state)

10. Usual occupation

Housewife11. Industry or business Own Home

FATHER

12. Name

Emanuel Giffin

13. Birthplace

Hindman, Penna.

MOTHER

14. Maiden name

Sarah J. Johnson

15. Birthplace

Washington Co., Maryland

16. Informant

Mr. James H. Grim

Address

R.F.D. #1, Harpers Ferry, W. Va.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

1/28/48

(month) (day) (year)

Cemetery or crematory Samples Manor CemeteryLocation Samples Manor, Maryland

18. Funeral director

Isabel T. Strider

Address

Charles Town, West Va.

19. Jan 27

Date rec'd by registrar

19 48

Cornelia H. Castle
Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26, 1948 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 26, 1948, to 1948and that I last saw him alive on 1948

Immediate cause of death

Coronary thrombosis.

DURATION

30 min

Due to

Apparently well until fatal attack.

Due to

certified by me at direction of the Deputy Med. Examiner.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

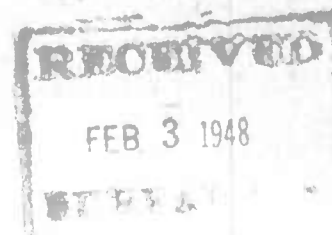
Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed 1/27/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00925

Reg. Dist. No. 803

1. PLACE OF DEATH: **Washington**
 County.....
 City or town.....**Big Pool**
 (If outside city or town limits, write RURAL and give nearest town)
78-8-14-
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....**Maryland** County.....**Washington**
 City or town.....**Big Pool**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
James Dixon Hart

3. (b) Social Security Number

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**
Emma J. Hart
 6. (b) Name of husband or wife.....
 6. (c) If alive, give age **81** years
 7. Birth date of deceased (mo., day, yr.) **April 29, 1869**
 8. AGE: Years **78** Months **8** Days **14** If less than one day
 hrs. min.

9. Birthplace.....**Big Pool Wash. Md.**
 (Town, county, and state)
 10. Usual occupation.....**None**
 11. Industry or business.....**None**
 12. Name.....**Harry Hart**
 13. Birthplace.....**Big Pool Md.**
 14. Maiden name.....**Susan Miller**
 15. Birthplace.....**Big Pool Md.**

16. Informant.....**Mrs. Ethel Beauchamp**
 Address.....**Big Pool Md.**
 17. Burial.....**Jan. 16, 1948**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory.....**Shanktown Cemetery**
 Location.....**Big Pool Md.**
 18. Funeral director.....**Scott F. Minnick & Son**
 Address.....**Hagerstown Md.**

19. Date rec'd by registrar.....**Jan 14 1948**
 Registrar.....**Joseph W. Murray**

MEDICAL CERTIFICATION

2D. DATE OF DEATH.....**January 13 48 11:30a**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 1940 to **Jan 13, 1948**
 and that I last saw him alive on **Jan 12, 1948**

Immediate cause of death.....**Carcinoma of Gall Bladder** DURATION **3 mo.**

Due to.....

Due to.....

Other conditions.....**Chr. Arthritis** **10 yrs**
Chr. Bronchial Asthma **10 yrs**
 (Include pregnancy within 3 months of death)

Major findings of operations.....**Hypertrophic Prostate**

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury..... Injured at work?

23. SIGNATURE.....**David P. Brewer M.D.** M. D. or

Address.....**Clear Spring Md.** Date signed.....**1/14/48**

RECEIVED

JAN 16 1948

6766

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 00925
382

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2 Broadway
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

Bessie May Hoffman

3. (b) Social Security Number

NONE

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow
 6. (b) Name of husband or wife C. Knode Hoffman
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) July 10, 1876

8. AGE: Years 71 Months 6 Days 3 If less than one day
 hrs. min.

9. Birthplace Ringgold, Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Prof. I. B. Sechrist

13. Birthplace Shrewsburg, Pa.

MOTHER 14. Maiden name Mary J. Solomon

15. Birthplace New Berlin, Pa.

16. Informant Mrs. Eurich

Address Detriot, Mich.

17. Burial Date thereof 1-15-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Maryland

19. Jan. 15, 48 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1948 at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 9 1948 to Jan 13 1948 and that I last saw h. er alive on Jan 13 1948

Immediate cause of death Cerebral Accident DURATION 4 days

Due to Hy Pertensive Cardio-vascular Disease years

Due to

Other conditions na

(Include pregnancy within 8 months of death)

Major findings of operations na Date of op.

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

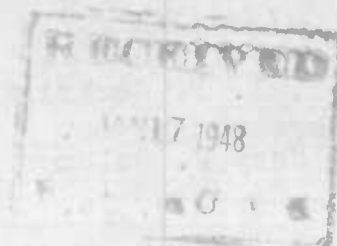
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. C. Hoffman M. D. or other

Address 214 N. Potomac St. Date signed Jan 14-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 300

00927

93d

1. PLACE OF DEATH:

County Washington
 City or town Rural-Sharpsburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 70 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Rural-Sharpsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION) _____
 2.(a) If veteran, name war _____

3. (a) FULL NAME

James Alexander Jamison

3. (b) Social Security Number

none

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Single</u>
-----------------------	----------------------------------	---

6. (b) Name of husband or wife _____
 7. Birth date of deceased (mo., day, yr.) Sept. 15, 1864
 6. (c) If alive, give age _____ years
 8. AGE: Years 83 Months 3 Days 18 It less than one day _____ hrs. _____ min.

9. Birthplace Chestnut-Grove-Wash.-Md
 (Town, county, and state)
 10. Usual occupation Retired

11. Industry or business

FATHER	12. Name <u>Unknown</u>
	13. Birthplace <u>"</u>
MOTHER	14. Maiden name <u>"</u>
	15. Birthplace <u>"</u>

16. Informant Mrs. Otho BurganAddress Rural-Sharpsburg, Md

17. Burial Burial Date thereof Jan. 6, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Mt. ViewLocation Sharpsburg, Md18. Funeral director R. I. EarnshawAddress Keedysville, Md

19. 1-3 48 EM Boy
 (Date rec'd by registrar) 19 48 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2 19 48 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from about 1940 to Jan 2 19 48
 and that I last saw him alive on Jan 2 19 48

Immediate cause of death Bronchopneumonia
 DURATION 1 week

Due to Cardio-Vascular Disease
 DURATION 5 yrs plus

Due to Chronic Bronchitis
 DURATION 5 yrs plus

Other conditions Chronic Alcatation
 DURATION 28 yrs

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Walter H. Speckly M.D.Address Sharpsburg, Md. M. D. or other _____Date signed 1/3/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 5282 00928 62306

1. PLACE OF DEATH:

County... WashingtonCity or town... Cascadia
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 days

Hospital, institution, or street address where death occurred:

Fitchie HospitalHow long in hospital or institution? 6 days

3. (a) FULL NAME

Mary Elizabeth Johns4. Sex F 5. Color of race Cal. 6. (a) Single, married, widowed, or divorcedMarried6. (b) Name of husband or wife Robert Johns6. (c) If alive, give age 37 years7. Birth date of deceased (mo., day, yr.) February 2, 19178. AGE: Years 30 Months 11 Days 25 If less than one day

.....hrs.min.

9. Birthplace Denton, Maryland
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Robert Waples13. Birthplace Harrington, Del.14. Maiden name unknown15. Birthplace "16. Informant Hospital Record

Address

17. Buried Date thereof 2-1-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Spring Grove CemeteryLocation Denton, Del.18. Funeral director J. J. G. Minor & SonAddress Denton, Del.19. 1/31 19 48 My S. O. Jones
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Denton
(If outside city or town limits, write RURAL and give nearest town)Street No. 308 1/2 High Street
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27 19 48 at 10:20 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/27/48 19 48 to 1/27/48 19 48and that I last saw her alive on 1/27/48 19 48

Immediate cause of death

Acute pneumonia DURATION 2 daysDue to Casementaryrespiratory Bladder 20mm

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

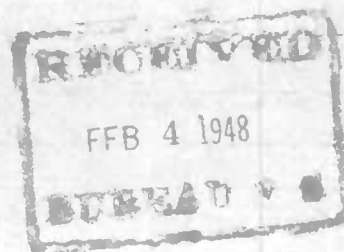
Means of injury Injured at work?

23. SIGNATURE J. C. McCallum M.D. M. D. or otherAddress Fitchie, Va. Date signed 1/27/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... Washington
 City or town... Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 16 years
 Hospital, institution, or street address where death occurred:
124 Charles Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Maryland County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 124 Charles Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war... World War 1

3. (a) FULL NAME

Dewood Johnson

3. (b) Social Security Number

220-09-9036

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife... Alice Johnson

7. Birth date of deceased (mo., day, yr.) May 29, 1882 6.(c) If alive, give age... 56 years

8. AGE: Years 65 Months 8 Days 0 It less than one day
 hrs. min.

9. Birthplace... Madison County, Va.
(Town, county, and state)10. Usual occupation... Janitor

11. Industry or business

12. Name... John Johnson13. Birthplace... Madison County, Va.14. Maiden name... Ella Albert15. Birthplace... Madison County, Va.16. Informant... Mrs. Dewood JohnsonAddress... Hagerstown, Maryland

17. Burial Date thereof... 2-2-48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory... Rose Hill CemeteryLocation... Hagerstown, Maryland18. Funeral director... William H. DowneyAddress... Hagerstown, Maryland

19. Jan. 31, 1948
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... January 29, 1948 at 12:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 28, 1948 to Jan. 29, 1948and that I last saw him alive on January 28, 1948

Immediate cause of death

Cerebral hemorrhage. DURATION 17 hours

Due to

Due to

Other conditions... Arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations... No operation

Date of op.

Autopsy results... No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Ra Bee M. D. or otherAddress... Hagerstown, Md. Date signed... 1/30/48

RECEIVED

FEB 3 1948

ST. PAUL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 382

1. PLACE OF DEATH:

County Washington
City or town Hagerstown Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? life
Hospital, institution, or street address where death occurred:
Middleburg Pike Rural Hagerstown,
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. Middleburg Pike
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Samuel Milford Kendle

3. (b) Social Security Number

None

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
6. (b) Name of husband or wife <u>Mary L. Kendle</u>		
7. Birth date of deceased (mo., day, yr.) <u>December 4, 1859</u>		
8. AGE: Years <u>88</u> Months <u>1</u> Days <u>19</u> It less than one day hrs. min.	B. (c) If alive, give age years	

9. Birthplace Washington County, Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Retired
12. Name John Kendle
13. Birthplace Washington County, Md.
14. Maiden name Amelia
15. Birthplace Washington County, Md.

16. Informant Mrs. Florence A. Horst
Address Fountain Head Hgts. Hagerstown,
Burial
Date thereof Jan. 25, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Beautiful View Cemetery
Location Middleburg, Md.

18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.

19. Jan. 25, 1948 East Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23, 1948 at A. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1-2-48 to 1-23-48
and that I last saw him alive on 1-22-48

Immediate cause of death
Due to Cerebral Vascular Disease
Due to Senile arteriosclerosis
Other conditions

DURATION

(Include pregnancy within 8 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. B. Bowers M. D. or other
Address Hagerstown, Md. Date signed 1/24/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECORDED
JAN 27 1948
BUREAU

Evidence for change of
year of birth is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

00931

FILM No. G 114 JAN 30 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? About 20 years

Hospital, institution, or street address where death occurred:

315 W. Wilson Blvd.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 315 W. Wilson Blvd.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Joseph M. Kindle

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widower

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) Oct. 3, 1864 1863

8. AGE:

Years

Months

Days

If less than one day

84

3

13

hrs.

min.

9. Birthplace

Piedmont Washington, Md

(Town, county, and state)

10. Usual occupation

Section Hand

11. Industry or business

N & W. Railroad

FATHER

12. Name

Not Known.

13. Birthplace

Anna Anita Kindle

MOTHER

14. Maiden name

Not Known

15. Birthplace

16. Informant

Address Amsterdam Ave

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Jan. 18, 1948

Cemetery or crematory

Bakersville, Cemetery

Location

Bakersville, Maryland

18. Funeral director

Edith V. Leaf

Address

Williamsport, Maryland.

19. Date rec'd by registrar

Jan. 17, 1948

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16, 1948 19 48 at 2:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

15 July 19 48 to 16 Jan 19 48

and that I last saw him alive on 5 Jan 19 48

Immediate cause of death

Arterio sclerotic Cardio Vascular Disease

DURATION

10 yrs +

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE

J. J. Lusby

M. D. or other

Address 230 N Potomac

Date signed 17 Jan 48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 20 1948

SECRET

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF DEATH:

County... WashingtonCity or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution or street address where death occurred

48 W. Charles Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... WashingtonCity or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 48 West Charles St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mrs Julia C. Lake

4. Sex

Female

5. Color or race

Negro

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

John Foster Lake

7. Birth date of deceased (mo., day, yr.)

August 12, 1883

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

64424

hrs.

min.

9. Birthplace

Oxford N.C.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

James Clements

13. Birthplace

Oxford N.C.

MOTHER

14. Maiden name

Estella Robinson

15. Birthplace

Oxford N.C.

16. Informant

Mrs Eva C. Welch

Address

37 W. Bethel St

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

1/8/48

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown, Md.

18. Funeral director

William H. Brown

Address

2914 Federal St Hagerstown

19.

Jan 8 1948

(Date rec'd by registrar)

Registrar

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan 5 1948

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Jan 1 1948 to Jan 5 1948and that I last saw her alive on Jan 4, 1948

Immediate cause of death

Chronic Myocarditis
Acute Pulmonary Edema due
to Left Heart Failure

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Wm. H. Brown MD
Hagerstown Md Date signed 1/9/48

RECORDED
JAN 10 1948
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 00933 303

1. PLACE OF DEATH:

County Washington
 City or town Wilson District
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 months
 Hospital, institution, or street address where death occurred:
Gateway Nursing Home
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Pennsylvania County Franklin County
 City or town Chambersburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1139 Scotland Avenue
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Stephen A. Lehman

3. (b) Social Security Number

NONE

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhiteWidower6. (b) Name of husband or wife Annie S. Lehman

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 27, 18618. AGE: Years Months Days If less than one day
86 2 27 hrs. min.9. Birthplace Franklin County, Pa.
(Town, county, and state)10. Usual occupation Retired Farmer

11. Industry or business

FATHER 12. Name Daniel Lehman
13. Birthplace Franklin County, Pa.MOTHER 14. Maiden name Maria Weaver
15. Birthplace Franklin County, Pa.16. Informant Ira S. Ernst
Address Washington, D. C.17. Burial Date thereof 1-27-48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Mennonite CemeteryLocation Franklin County, Pa.18. Funeral director The Sellers Funeral HomeAddress Chambersburg, Pa.19. 1-24-48 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH 23 Jan 19 48 at 1130 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15 Nov 19 47 to 23 Jan 19 48
and that I last saw him alive on 20 Jan 19 48Immediate cause of death arteriosclerotic cardiovascular disease

DURATION

10 + yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address 230 N. Pottomac Date signed 28 Jan 48

RECEIVED
FEB 6 1948
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00934

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 years
 Hospital, institution, or street address where death occurred:
559 Salem Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 559 Salem Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Margaret C. Leshner

3. (b) Social Security Number

NONE

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow
 6. (b) Name of husband or wife Dr. D. T. Leshner
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) May 20, 1872
 8. AGE: Years 75 Months 8 Days 2 It less than one day
 hrs. min.

9. Birthplace McConnellsburg, Pa.
 (Town, county, and state)
Housework
 10. Usual occupation
 11. Industry or business

FATHER 12. Name Vincent Prosser
 13. Birthplace McConnellsburg, Pa.
 MOTHER 14. Maiden name Sarah B. Burkholder
 15. Birthplace Fort Loudon, Pa.

16. Informant Mrs. Pearl Grimm
 Address Hagerstown, Maryland

17. Burial Date thereof 1-25-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
Hagerstown, Maryland
 Location

18. Funeral director C. M. Suter & Sons
 Address Hagerstown, Maryland

19. Jan 24, 48 Phas H Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 19 48 at 1130 P M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan 14 19 48 to Jan 22 19 48
 and that I last saw him alive on Jan 21 19 48
 Immediate cause of death Myocardial dilatation
Myocarditis chr
 Due to
 Due to
 Other conditions
 (Include pregnancy within 8 months of death)

DURATION

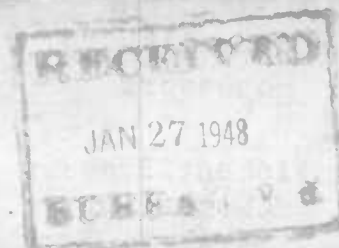
1/21/48

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE H H Porterfield M D
 M. D. or other
 Address 136 W Washington Date signed 1/23/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 300

00935

1. PLACE OF DEATH:

County... Washington
 City or town... Sharpsburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 47 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town... Sharpsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war... None

3. (a) FULL NAME

Charles Snavely Lumm

3. (b) Social Security Number

216-07-7093

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Martha Lumm
 7. Birth date of deceased (mo., day, yr.) July 11, 1900 6. (c) If alive, give age _____ years
 8. AGE: Years 47 Months 6 Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace Sharpsburg-Wash.-Maryland
 (Town, county, and state)
 10. Usual occupation Forman
 11. Industry or business Victor Products-Hagerstown, Md

MOTHER FATHER
 12. Name Milliard Lumm
 13. Birthplace Sharpsburg-Md
 14. Maiden name Ella May Snavely
 15. Birthplace Sharpsburg, Md

16. Informant Mrs. Martha Lumm
 Address Sharpsburg, Md

17. Burial Date thereof Feb. 1, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mt. View
 Location Sharpsburg, Md

18. Funeral director R. I. Earnshaw
 Address Keedysville, Md

19. Jan 30 48 Registrar Carl Boyer
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1948 at 2:00A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 29 1948 to Jan 30 1948
 and that I last saw him alive on January 29 1948

Immediate cause of death Cardiovascular Disease DURATION 5 yrs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

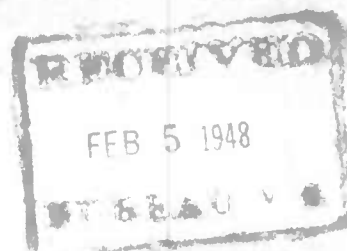
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE SW Lumm Md M. D. or other _____Address Boonsboro Date signed 1/30/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 00936

1. PLACE OF DEATH:

County WashingtonCity or town Sharpsburg R.F.D.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 70 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Sharpsburg R.F.D.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William Bittle Lyne

3. (b) Social Security Number

NONE

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single6. (b) Name of husband or wife none

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov. 28 1867

8. AGE: Years Months Days If less than one day

80319

_____. hrs. _____ min.

9. Birthplace Shepherdstown W.Va.
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Farm12. Name Charles Bentz Lyne13. Birthplace Shepherdstown W.Va.14. Maiden name Mary Ellen Lemen15. Birthplace Shepherdstown W.Va.16. Informant Mrs John J. LyneAddress Shanandoah Junction17. Burial Date thereof Jan 11 1948

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Elmwood CemLocation Shepherdstown W.Va18. Funeral director Edith V. LeafAddress Williamsport Md19. Jan 16 19 48 Ed B. Bays

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9, 1948 at 9:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 9, 1947 to January 9, 1948and that I last saw him alive on January 9, 1948Immediate cause of death Uremia

DURATION

2 weeksDue to Cardio vascular renal disease 5 years

Due to _____

Other conditions Cornary Thrombosis 8 weeksProbably Carcinoma of esophagus 6 months
(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. K. ... M. D. or otherAddress Shepherdstown, West Virginia Date signed 1/10/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 00937 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:
407 N. Jonathan Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 407 N. Jonathan Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Frank Mason

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Negro

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Minnie Mason

7. Birth date of deceased (mo., day, yr.)

October 12, 1885

6. (c) If alive, give age

49 years

8. AGE:

62 Years

2 Months

23 Days

If less than one day

hrs. min.

9. Birthplace

Marion, S. Carolina

(Town, county, and state)

10. Usual occupation

Laborer - W. M. R. R.

11. Industry or business

MOTHER FATHER

12. Name

Frank Mason

13. Birthplace

Marion, S.C.

14. Maiden name

Lula Robinson

15. Birthplace

Marion, S.C.

16. Informant

Mrs. Minnie Mason

Address

407 N. Jonathan Street

17.

Burial

Date thereof

1/6/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown, Md.

18. Funeral director

William H. Downey

Address

491 N. Frederick St. Hagerstown

19.

Jan. 6, 1948 B. H. Bowers

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

January 4, 1948, at 3:25 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 22, 1947, to January 4, 1948

and that I last saw him alive on January 4, 1948

Immediate cause of death

Pneumonia

DURATION

2-3 wks

Due to

Due to

Other conditions

Mild Cardiac Decompensation

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

N. Alan Harris, M.D.

M. D. or other

Address

651 Pennsylvania

Date signed

Jan. 6, 1948

RECEIVED

JAN 8 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and legibly, especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00938

1952

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington CountyCity or town Hagerstown Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 mo. 2 daysHospital, institution, or street address where death occurred:
217 Bryan Place

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown Maryland
(If outside city or town limits, write RURAL and give nearest town)Street No. 217 Bryan Place
(If rural, give LOCATION)2.(a) If veteran, name war None

3.(a) FULL NAME

Karl Douglas Mason

3.(b) Social Security Number

None

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Baby</u>
-----------------------	----------------------------------	--

6.(b) Name of husband or wife Baby7. Birth date of deceased (mo., day, yr.) July 23 1947

8. AGE: Years <u>0</u>	Months <u>6</u>	Days <u>2</u>	If less than one day hrs. min.
---------------------------	--------------------	------------------	-----------------------------------

9. Birthplace Martinsburg Hospital W. Va.
(Town, county, and state)10. Usual occupation Baby

11. Industry or business

12. Name Donald L. Mason13. Birthplace Berkeley Co. W. Va.14. Maiden name Edith C. Baker15. Birthplace Berkeley Co. W. Va.16. Informant Donald L. MasonAddress 217 Bryan Place Hagerstown Md.17. Burial Date thereof Jan. 27 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Rosehill Cemetery HagerstownLocation Hagerstown Maryland18. Funeral director Edith V. LeafAddress #7 Church St. Williamsport, Md.19. Jan. 27. 48 Chas. Bowers,
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 19 48 at 9:30 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19 and that I last saw him alive on 19 Immediate cause of death Bronchial pneumonia Jan. 1-12 '48

DURATION

Asphyxia due to aspirationDue to of vomitus

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

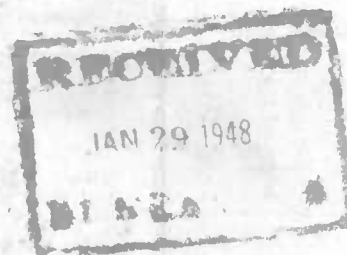
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

DEPUTY MEDICAL EXAM.

WASH. CO., MD.

23. SIGNATURE S. Robin + Wells M. D. 1726/48Address Hagerstown, Md. Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: **Washington**
 County.....
 City or town.....**Hagerstown**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....**51 years**
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution?.....**14 days**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....**Maryland** County.....**Washington**
 City or town.....**Hagerstown**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....**1207 Virginia Ave.**
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
Elmer David Miller

3. (b) Social Security Number
214-09-3160

4. Sex.....**Male** 5. Color or race.....**White** 6. (a) Single, married, widowed, or divorced.....**Married**
 6. (b) Name of husband or wife.....**Ellen R. Miller**
 6. (c) If alive, give age.....**52** years

7. Birth date of deceased (mo., day, yr.).....**August 6, 1896**
 8. AGE: Years.....**51** Months.....**5** Days.....**22** hrs..... min.....

9. Birthplace.....**Hagerstown Wash. Md.**
 (Town, county, and state)
 10. Usual occupation.....**Engineer**
 11. Industry or business.....**Fairchild Aircraft Co.**
 12. Name.....**Clarence E. Miller**
 13. Birthplace.....**Hagerstown Md.**
 14. Maiden name.....**Laura A. Lumm**
 15. Birthplace.....**Near Fairview Md.**
 16. Informant.....**Mrs. Ellen R. Miller**
 Address.....**Hagerstown Md.**

Burial Date thereof.....**1-25-48**
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)
 Cemetery or crematory.....**Rest Haven Cemetery**
 Location.....**Hagerstown Md.**
 18. Funeral director.....**Scott F. Minnich & Son**
 Address.....**Hagerstown Md.**

19. (Date rec'd by registrar).....**Jan 25, 1948** Registrar.....**Ernest J. Proctor**

MEDICAL CERTIFICATION

20. DATE OF DEATH.....**January 23, 1948** at.....**5:15a** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....**Sept 47** to.....**Jan 23, 1948**
 and that I last saw him alive on.....**Jan 22, 1948**

Immediate cause of death.....**Coronary Occlusion** DURATION.....**47mo**

Due to.....**Arterio sclerotic heart disease** DURATION.....**5 yrs**

Other conditions.....
 (Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town)..... (County)..... (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....**Ernest J. Proctor** M. D. or other
 Address.....**Hagerstown Md** Date signed.....**1/23/48**

RECEIVED
JAN 27 1948
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 00940 307

1. PLACE OF DEATH:

County Washington

City or town Pleasantville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life -- 67 yrs.

Hospital, institution, or street address where death occurred:

R.F.D.#1, Harpers Ferry, West Va.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Pleasantville

(If outside city or town limits, write RURAL and give nearest town)

Street No. R.F.D.#1, Harpers Ferry, West Va.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

John Rudolph Miller

3. (b) Social Security Number

705-10-2810

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Daisy May Walker

6.(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) November 15, 1880

8. AGE: Years 67 Months 2 Days 16 If less than one day hrs. min.

9. Birthplace Pleasantville, Washington Co., Md.

(Town, county, and state)

10. Usual occupation Car Inspector (Retired)

11. Industry or business B. & O. R. R. Company

12. Name John James William Miller

13. Birthplace Shepherdstown, West Virginia

14. Maiden name Margaret Ann Haines

15. Birthplace Shepherdstown, West Virginia

16. Informant Mrs. Daisy M. Miller

Address R.F.D.# 1, Harpers Ferry, West Va.

17. Burial 2/3/48 Date thereof 2/3/48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Samples Manor Cemetery

Location Samples Manor, Maryland

18. Funeral director William G. Strider

Address Charles Town, West Virginia

19. Feb. 1, 1948 (Date rec'd by registrar)

48 Cornelius H. Castle Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31, 1948 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 31, 1948 to Jan. 31, 1948

and that I last saw him alive on Jan. 31, 1948

Immediate cause of death Coronary occlusion

Due to Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. S. Moore M.D.

Address Harpers Ferry, W. Va. Date signed 2/1/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 3 1948

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The ~~correct~~ age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 00941 303

1. PLACE OF DEATH:

County WashingtonCity or town Big Spring

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 63 years

Hospital, institution, or street address where death occurred:

Big Spring

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Big Spring

(If outside city or town limits, write RURAL and give nearest town)

Street No. Big Spring

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Charles Frederick Moser

3. (b) Social Security Number

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
-----------------------	----------------------------------	--

6. (b) Name of husband or wife Bessie E. Moser6. (c) If alive, give age 63 years7. Birth date of deceased (mo., day, yr.) January 30, 1884

8. AGE: Years <u>63</u>	Months <u>11</u>	Days <u>20</u>	If less than one day hrs. min.
-------------------------------	---------------------	-------------------	--

9. Birthplace Washington County, Md.
(Town, county, and state)10. Usual occupation Boiler Maker11. Industry or business B and C. R R12. Name Lewis Moser13. Birthplace Washington County, Md.14. Maiden name Sarah C. Rockwell15. Birthplace Washington County, Md.16. Informant Mrs. Bessie E. MoserAddress Big Spring, Maryland.17. Burial Date thereof Jan. 22, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Paul's CemeteryLocation Clear Spring, Md. Rural Route 418. Funeral director Snyder-Rowland Funeral HomeAddress Clear Spring, Maryland.19. Jan 21 19 48 Joseph W. Murray
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19, 1948 11:00 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1944 to Jan 19, 1948 and that I last saw him alive on Jan 19, 1948Immediate cause of death Coronary Thrombosis SuddenDue to Arterio Sclerosis 6 yrs.Due to Cerebral Hemorrhage 1944

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE David P. Brewer M.D. M. D. or other
Address Clear Spring Md. Date signed 1/21/48

RECORDED

JAN 23 1948

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution?

6 DAYS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Big Spring, Md. R. F. D.
(If outside city or town limits, write RURAL and give nearest town)Street No. 1
(If rural, give LOCATION)2.(a) If veteran, name war World War 11

3. (a) FULL NAME

Maurice R. Murray

3. (b) Social Security Number

215-18-2027

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhiteMarried8. (b) Name of husband or wife Hazel L. Murray

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

Sept. 11, 1919

8. AGE:

Years

Months

Days

If less than one day

2841

hrs.

min.

9. Birthplace Washington Co. Maryland

(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

12. Name John Murray13. Birthplace Washington Co. Maryland14. Maiden name Russel Roney15. Birthplace Washington Co. Maryland16. Informant Mrs. Hazel L. MurrayAddress Big Spring, Maryland17. Burial Date thereof Jan. 15, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Shanktown CemeteryLocation Shanktown, Maryland18. Funeral director Snyder-Rowland Funeral HomeAddress Clearspring, Maryland19. Jan. 15, 1948 Cheseth Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12, 1948 19 905A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19

and that I last saw him alive on 19

Immediate cause of death

2nd & 3rd degree burns to body and limbs

DURATION

6 daysDue to limbs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide or homicide Accident Date of 1/6/48Where did injury occur Big Spring, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Oil can exploded Injured at work? No23. SIGNATURE H. Robert Wells DEPUTY MEDICAL EXAM.Address Hagerstown, Md. WASH. CO., MD.
M. D. or Jan 13/48

RECEIVED

JAN 17 1948

BT 600

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:

County Washington
City or town Rural Ringgold
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md. County Washington
City or town Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. Wagerstown #5
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Mary Edith Newcome

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Maurice H. Newcome

7. Birth date of deceased (mo., day, yr.) Sept. 4 1878 6. (c) If alive, give age 71 years

8. AGE: Years 69 Months 4 Days 14 If less than one day hrs. min.

9. Birthplace Washington Co. Wagerstown #5 Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name J. M. H. Stevenson

13. Birthplace Washington Co. Md.

14. Maiden name Catherine Dayhoff

15. Birthplace Washington Co. Md.

16. Informant Maurice H. Newcome

Address Wagerstown #5 R.D. Md.

17. Burial Date thereof 1/20/48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Union cemetery

Location Ringgold Md.

18. Funeral director Walter G. Gunk

Address 271 Church St. Waynesboro, Pa.

19. Jan 20 1948 Geo. W. Ferguson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17 1948 at 4:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 2 1947 to Jan. 17 1948
and that I last saw her alive on Jan. 17 1948

Immediate cause of death Congestive heart failure DURATION 1 yr.

Due to Hypertensive heart disease 5 + yrs.

Due to

Other conditions Adenocarcinoma of stomach; arteriosclerosis 7 2 yrs 6 mos.
(Include pregnancy within 3 months of death)

Major findings of operations. Date of op.

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Daniel L. Kirk, M.D. M. D. or other
Address Waynesboro, Pa. Date signed 1-19-48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1948

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JAN 22 1948

ECHEA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Norment

00944

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 Weeks
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 6 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown- Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Cavetown Pike
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

MRS SARAH SUE NIGH

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife W. Keller Nigh Sr.

7. Birth date of deceased (mo., day, yr.) March 30, 1883 6.(c) If alive, give age years

8. AGE: Years 64 Months 9 Days 9 If less than one day hrs. min.

9. Birthplace Hagerstown, Washington Co., Md.
 (Town, county, and state)

10. Usual occupation House Wife11. Industry or business Own Home

12. Name Adam R. Mowen
 13. Birthplace Boonsboro Md.

14. Maiden name Mary Ann Hill
 15. Birthplace Greencastle Pa.

16. Informant Wm. Keller Nigh Jr.
 Address Hagerstown Md.

17. Burial Rest Haven Cemetery Date thereof 1/12/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hagerstown Md.
 Location Hagerstown Md.

18. Funeral director Andrew K. Coffman
 Address Hagerstown Md.

19. Jan 12, 1948 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH January 9, 1948 11:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 6, 1947 to January 9, 1948
 and that I last saw him or her alive on January 9, 1948

Immediate cause of death Cerebral hemorrhage DURATION 5 weeks

Due to _____

Due to _____

Other conditions Vascular hypertension 5 years

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide none Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Dr. Norment M. D. or other _____

Address Hagerstown Md Date signed 1/12/48

MARGIN RESERVED FOR BINDING

VS A15 9-4-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 day
Hospital, institution, or street address where death occurred:
Washington Co Hospital
How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Pa..... County..... Franklin
City or town..... GREENCASTLE PA
(If outside city or town limits, write RURAL and give nearest town)
Street No..... EAST BALTIMORE
(If rural, give LOCATION)
2.(d) If veteran, name war.....

3. (a) FULL NAME MARY KATHARINE OMWAKE
3. (b) Social Security Number NONE

4. Sex F. 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) July 15, 1862

8. AGE: Years 85 Months 6 Days 20 If less than one day..... hrs. min.

9. Birthplace..... Greencastle Pa
(Town, county, and state)

10. Usual occupation..... Home Keeper

11. Industry or business..... Home

12. Name..... Henry Omwake

13. Birthplace..... Pa

14. Maiden name..... Erelene Beane

15. Birthplace..... Pa

16. Informant..... J. S. Omwake

Address..... Shupperstburg Pa

17..... Date thereof..... Jan 20/48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory..... Cedar Hill Cemetery

Location..... near Greencastle

18. Funeral director..... J. E. Munnich

Address..... Greencastle Pa

19..... Jan. 18, 1948
(Date rec'd by registrar)

Registrar.....

MEDICAL CERTIFICATION

20. DATE OF DEATH..... JAN 17 1948, at 1:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/23 1947 to 1/17 1948

and that I last saw her alive on 1/16 1948

Immediate cause of death.....

Atherosclerotic Cardio-vascular-renal disease

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury..... Injured at work?

23. SIGNATURE..... M. D. Beane

Address..... Greencastle Pa Date signed..... 1/17/48

RECEIVED

JAN 20 1948

SECRET

ARTISTIAN LEADER

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington County
City or town Chewsville Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Car Accident
Hospital, institution, or street address where death occurred:
Chewsville Md.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town Williamsport Md RFD #1
(If outside city or town limits, write RURAL and give nearest town)
Street No. RFD #1
(If rural, give LOCATION)
2. (a) If veteran, name war World War #2

3. (a) FULL NAME

Wilbur Orville Pearman

3. (b) Social Security Number

219-27-0284

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Mildred Henson Pearman

6. (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) July 10 1920

8. AGE: Years 27 Months 6 Days 7 It less than one day hrs. min.

9. Birthplace Williamsport, Md.
(Town, county, and state)

10. Usual occupation Labor State Road

11. Industry or business Labor State Road

12. Name Edward James Pearman

13. Birthplace Williamsport Md. RFD #1

14. Maiden name Carrie Louise Borgelt

15. Birthplace Baltimore Md.

16. Informant Mildred Henson Pearman

Address Williamsport Md. RFD #1

17. Burial Jan 20 1948
(Burial, cremation, or removal. Which?) Date thereat (month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Williamsport Maryland

18. Funeral director Edith V. Leaf

Address Williamsport, Maryland

19. Jan. 19, 1948
(Date rec'd by registrar) Registrar W. H. Bowers

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan/ 17 1948 at 6:45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death

crushed skull

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Jan/17/48

Where did injury occur? Hagerstown, Wash. Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route #64 head

Means of injury automatic dump truck came down on

DEPUTY MEDICAL EXAM. WASH. CO., MD.

23. SIGNATURE J. Robert Wells M. D. other

Address Hagerstown, Md. Date Jan. 19, 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 21 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:

County WashingtonCity or town Sav. mar
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 yearsHospital, institution, or street address where death occurred Johnny Memorial HomeHow long in hospital or institution? 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Hagerstown Md. R. 5
(If rural, give LOCATION)2. (a) If veteran, name war no

3. (a) FULL NAME

Charles Protzman

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

Single

7. Birth date of

deceased (mo., day, yr.)

March - 22 - 1874

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

7399

hrs.

min.

9. Birthplace

Ruggold Wash. Co. Md.
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER

12. Name

David Protzman

13. Birthplace

Wash. Co. Md.

MOTHER

14. Maiden name

Sarah Singer

15. Birthplace

Franklin Co. Penna.

16. Informant

Lewis Protzman

Address

Waynesboro Penna.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Jan 3, 1948
(month) (day) (year)

Cemetery or crematory

Walters Cemetery

Location

Smithsburg Md. R. 2

19. Funeral director

Walter G. Grove

Address

Waynesboro Penna.

18.

Jan 3, 1948
(Date rec'd by registrar)John H. Best

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1, 1948 at 1 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 15, 1947 to January 1, 1948and that I last saw him alive on December 31, 1947

Immediate cause of death

DURATION

Carcinoma of wall of bladder2 m

Due to

Cerebral hemorrhage2 wks

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

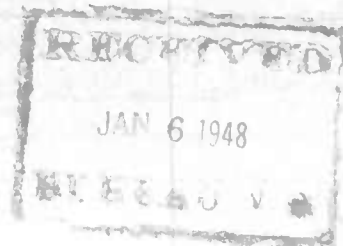
Injured at work?

23. SIGNATURE

G. W. Swan M.D.

M. D. or other

Address BoonsboroDate signed Jan 2, 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131a

00948

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... Washington
City or town... Hagerstown, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
Garlock Convalescent Home
How long in hospital or institution? 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Washington
City or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 23 East Antietam Street
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Minnie G. Pryor

3. (b) Social Security Number

NONE

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife..... 6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) March 12, 1871

8. AGE: Years 76 Months 10 Days 14 If less than one day..... hrs. min.

9. Birthplace Hagerstown, Wash. Co., Md.
(Town, county, and state)

10. Usual occupation Housework Own Home

11. Industry or business.....

12. Name James E. S. Pryor

13. Birthplace Sabillasville, Maryland

14. Maiden name Amelia Dunn

15. Birthplace Hagerstown, Maryland

16. Informant Frank Ridenour

Address Hagerstown, Maryland

17. Burial Date thereof 1-29-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Maryland

19. Jan. 29, 48 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 - 48 19..... at 11 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 9 - 47 19..... to Jan 26 - 48 19.....

and that I last saw her alive on Jan 26 - 48 19.....

Immediate cause of death.....

Cutis-Renal Sema DURATION 4 yrs

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE [Signature] M. D. or other

Address [Signature] Date signed 1/27/48

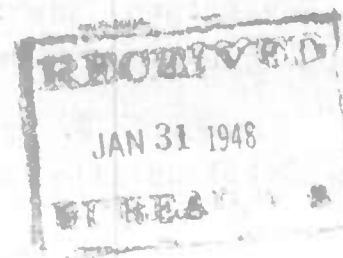
MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... WashingtonCity or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 days

Hospital, institution, or street address where death occurred:

Wash. Co. HospitalHow long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Wash.City or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Fowler Miguel Renner

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Robert Renner7. Birth date of deceased (mo., day, yr.) Feb. 21, 1890 B. (c) If alive, give age 44 years8. AGE: Years 57 Months 11 Days 2 If less than one day _____ hrs. _____ min.9. Birthplace Downsville, Wash. Co., Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Samuel Henry Fowler13. Birthplace Downsville, Md.14. Maiden name Rosanna King15. Birthplace Falling Waters, W. Va.16. Informant Robert RennerAddress Hancock, Md.17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Jan. 26, 1948
(month) (day) (year)Cemetery or crematory Cedar HillLocation Baltimore, Md.18. Funeral director Charles R. BastAddress Hancock, Md.19. Jan. 24, 48 (Date rec'd by registrar) 19. 48 (OVER)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 19 48 11:00 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 18 19 48 to Jan 23 19 48and that I last saw her alive on Jan 23 19 48

Immediate cause of death _____ DURATION _____

Acute Cardiac failure

Due to _____

myocarditisDue to possible lobular pneumoniaOther conditions Obstruction to left bronchusand weakness - blood clot

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

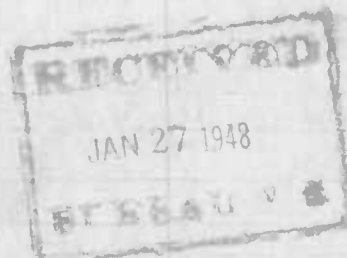
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE M. D. or otherAddress Jan 23 - 48 Date signed 1/23-48

We have had submitted to us by Mrs. Grace Slifer, of Chambersburg, Pennsylvania, the daughter of the deceased, a copy of the marriage record of Mary Fowler and Martin A. Castle on November 28, 1907 at Williamsport, Maryland. All correspondence relative to this case is filed in the Permanent File under date of July 26, 1948 - Slifer. 7/26/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? one day
Hospital, institution, or street address where death occurred:
Wash. Co. Hospital
How long in hospital or institution? one day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Mt. Sena Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. Bonsboro md. R. 2
(If rural, give LOCATION)
2.(a) If veteran, name war no

3. (a) FULL NAME

Harry Lyndon Andrew Ridenour

3. (b) Social Security Number

none

4. Sex male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
6. (b) Name of husband or wife Single
7. Birth date of deceased (mo., day, yr.) January - 21 - 1946
8. AGE: Years 2 Months 0 Days 6 If less than one day hrs. min.

9. Birthplace Hagerstown md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business at home

12. Name Waldo Ridenour

13. Birthplace Mt. Sena Wash. Co. md.

14. Maiden name Dorothy Schroyer

15. Birthplace near Wolfsville Ind. Co. md.

16. Informant Waldo Ridenour

Address Bonsboro md. R. 2

17. Burial Date thereof Jan. 30, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Sena Cemetery

Location Mt. Sena md.

18. Funeral director Wm. J. Bast & Sons

Address Bonsboro md.

19. Jan. 28 1948 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27 1948 at 1 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from January 25 1948 to Jan 26 1948 and that I last saw him alive on Jan 26 1948

Immediate cause of death Diphtheria

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. J. Bast M. D. or other

Address Bonsboro Date signed 1/28/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00951
Reg. Dist. No. 30

1. PLACE OF DEATH:

County Washington
City or town Hagerstown, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 16 years
Hospital, institution, or street address where death occurred:
35 West Bethel Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 35 West Bethel Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME

Mary E. R. Rideout

3.(b) Social Security Number

213-24-9634

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Lloyd Rideout
7. Birth date of deceased (mo., day, yr.) April 16, 1924 6.(c) If alive, give age 23 years
8. AGE: Years 23 Months 9 Days 12 If less than one day
hrs. min.

9. Birthplace Washington, Pa.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
12. Name David Robinson
13. Birthplace Martinsburg, W. Va.
14. Maiden name Myrtle Brokins
15. Birthplace Brownsville, Pa.

16. Informant Lloyd Rideout
Address Hagerstown, Maryland
17. Burial Date thereof 1-31-48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown, Maryland
18. Funeral director William H. Downey
Address Hagerstown, Maryland
19. Jan. 31 1948 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1948 at 12 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 14 1947 to Jan 28 1948
and that I last saw him alive on Jan 27 1948

Immediate cause of death

Pulmonary tuberculosis.

DURATION

4 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address Hagerstown Md Date signed 1/30/48

RECEIVED

FEB 3 1948

BUREAU W S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:

County **Washington**
City or town **Tilghmanton**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **11 years**
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State **Md.** County **Washington**
City or town **Tilghmanton**
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Agnes G. Roberts

3. (b) Social Security Number

- -

4. Sex **female** 5. Color or race **white** 6.(a) Single, married, widowed, or divorced **married**
6.(b) Name of husband or wife **Alfred Roberts**
6.(c) If alive, give age **72** years
7. Birth date of deceased (mo., day, yr.) **February 14, 1879**
8. AGE: Years **68** Months **11** Days **12** If less than one day
hrs. min.

9. Birthplace **Downsville, Wash. Co., Md.**
(Town, county, and state)
10. Usual occupation **housewife**
11. Industry or business **own home**
FATHER 12. Name **Alfred Smith**
13. Birthplace **near Rhroresville, Md.**
MOTHER 14. Maiden name **Annie Wolford**
15. Birthplace **Downsville, Md.**

18. Informant **Alfred Roberts**
Address **Tilghmanton, Md.**

17. **burial** Date thereof **1-29-48**
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory **Bakersville Cemetery**
Bakersville, Md.
Location

18. Funeral director **Scott F. Minnich & Son**
Address **Hagerstown, Md.**

19. **January 30, 1948** John A. Bax
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **January 27, 1948** **1:40a**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **12/27/47** to **1/27/48**

and that I last saw him alive on **1/27/48**

Immediate cause of death **Bronchial Occlusion** DURATION **Immediate**

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **W. Williams** M. D. or other

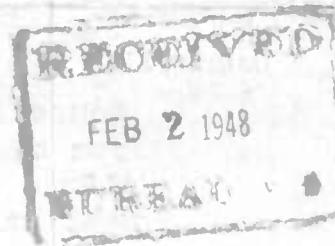
Address **W. Williams** Date signed **1/27/48**

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

453 North Jonathan Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 453 N. Jonathan
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Alfred V. Robinson, Sr.

3. (b) Social Security Number

NONE

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Hattie Robinson6. (c) If alive, give age 65 years

7. Birth date of

deceased (mo., day, yr.)

December 9 - 1879

8. AGE:

Years

Months

Days

If less than one day

68116

hrs.

min.

9. Birthplace Hagerstown, Wash. Co. Md.
(Town, county, and state)10. Usual occupation Janitor

11. Industry or business

MOTHER FATHER

12. Name Lawson Robinson13. Birthplace Not Known14. Maiden name Katie Harper15. Birthplace Not Known16. Informant Thomas E. RobinsonAddress Hagerstown, Maryland17. Burial Date thereof 1-28-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Maryland18. Funeral director W. H. DowneyAddress Hagerstown, Maryland19. Jan. 28, 1948 Spock-Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25, 1948 at 10:10 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 25, 1948 to 1948and that I last saw him alive on January 25, 1948

Immediate cause of death

Diabetes Mellitus

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

N. Alan Harris, M.D.
Address 651 Pennsylvania Date signed 1/28/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and legibly. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

602 Brighton Place

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 602 Brighton Place

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Minnie Haughn Robinson

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Joseph Henry Robinson6. (c) If alive, give age 82 years7. Birth date of deceased (mo., day, yr.) Nov. 16, 1869

8. AGE: Years Months Days If less than one day

78 1 28 hrs. min.9. Birthplace Cumberland County, England
(Town, county, and state)10. Usual occupation HousewifeAt home

11. Industry or business

12. Name William Haughn13. Birthplace England14. Maiden name Mary Watson15. Birthplace England16. Informant Joseph Henry RobinsonAddress 602 Brighton Place, Hagerstown, Md.17. Burial Date thereof Jan. 16, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenlawn CemeteryLocation Williamsport, Maryland18. Funeral director Edith V. LeafAddress Williamsport, Maryland.19. Jan. 15, 1948 Health Bowers

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14, 1948 at 7:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 15, 1947 to Jan. 14, 1948and that I last saw her alive on Dec. 15, 1947

Immediate cause of death

Congenital occlusionbronchial asthmachronic myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

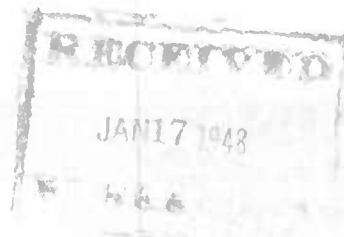
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Health Bowers M. D. or otherAddress Hagerstown, Md. Date signed 1/14/48

DURATION

1 hr.1 hr.1 hr.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00955

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 3 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 624 W. Washington St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Aurelia Elaine Ross

3. (b) Social Security Number

215-18-2529

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Lester W. Ross

7. Birth date of deceased (mo., day, yr.) January 4, 1921 6. (c) If alive, give age _____ years

8. AGE: Years 27 Months 0 Days 11 If less than one day _____ hrs. _____ min.

9. Birthplace Hagerstown, Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business

12. Name Clarence M. Fouché

13. Birthplace Fredrick Co. Maryland

14. Maiden name Jennie Mae Hovis

15. Birthplace Franklin Co. Penna.

16. Informant Lester W. Ross

Address 624 W. Washington St. Hagerstown, Md.

17. Burial Date thereof Jan. 18, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland

18. Funeral director Fred W. Kraiss

Address Hagerstown, Maryland

19. Jan 14, 1948 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15, 1948 at 4:58 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 14, 1948 to January 15, 1948 and that I last saw him alive on January 15, 1948

Immediate cause of death thromb embolism of pulmonary artery

Due to _____
 Due to _____
 Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results thromb emboli both pulmonary arteries

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. D. Lymn, M.D.

Address Rockville, Md. Date signed 16 Jan 1948

(Date signed by registrar)

MARGIN RESERVED FOR BINDING

VS A15

9-5-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REMOVED

JAN 21 1948

SECRET V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

00956

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (if outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 Days
 Hospital, institution, or street address where death occurred:
246 Prospect Ave
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Baltimore
 City or town Baltimore
 (if outside city or town limits, write RURAL and give nearest town)
 Street No. 904 North Paterson Park ave
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

John E. Schoppert

3. (b) Social Security Number

215-09-2641

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife

6. (c) If alive, give age. years
 7. Birth date of deceased (mo., day, yr.) Mar. 7 1871

8. AGE: Years Months Days If less than one day
76 10 7 hrs. min.

9. Birthplace Martinsburg W. Va.
 (Town, county, and state)

10. Usual occupation House Detective

11. Industry or business

12. Name Abraham S. Schoppert13. Birthplace Burkley Co. W. Va.14. Maiden name Mary Ellen Merchant15. Birthplace Burkley Co. W. Va.16. Informant Chas E SchoppertAddress 246 Prospect ave

17. Burial Date thereof Jan. 17 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven CemeteryLocation Hagerstown Md.18. Funeral director L. F. ReicherAddress Funkstown Md.19. Jan. 17 19 48(Date rec'd by registrar) Registrar Chas E Schoppert

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1948 19 48 at 8A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 14 - 17 1948 to Jan 17 - 48and that I last saw him alive on Jan 17 - 48 19Immediate cause of death Carcinoma Intest

DURATION

1 yr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. SW Dubs

M. D. or other

Address Hagerstown Md Date signed 1/14/48

RECEIVED

JAN 20 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:

County Washington
 City or town Big Pool
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Big Pool, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Big Pool, Md.
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Anna L. Shank3. (b) Social Security Number
None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced
Married

6. (b) Name of husband or wife Lancelot G. Shank

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) January 25, 1882

8. AGE: Years 65 Months 11 Days 27 If less than one day
 _____ hrs. _____ min.

9. Birthplace Berkley County, W. Va.
(Town, county, and state)10. Usual occupation Home Duties

11. Industry or business _____

12. Name George Walburn
 13. Birthplace ----- Pennsylvania

MOTHER: 14. Maiden name Harriet Donaldson
 15. Birthplace ----- Pennsylvania

16. Informant Lancelot G. Shank
 Address Big Pool, Md.

17. Burial Date thereof Jan. 24, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Shanktown CemeteryLocation Shanktown, Md.

18. Funeral director Snyder-Rowland Funeral Home
 Address Clear Spring, Maryland.

19. Jan 24 19 48 Joseph W. Murray
 (Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH January 21, 1948 19____ at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Sept 1, 1947 to Jan 21, 1948
 and that I last saw her alive on Jan 26, 1948

Immediate cause of death

Carcinoma of Rectum

DURATION

1 year

Due to _____

Due to _____

Other conditions

Abdominal Hernia6 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Inoperable

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

David P. Brewer M.D.

M. D. or Other

Address Clear Spring Md. Date signed 1/22/48

RECEIVED

JAN 28 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00958

Reg. Dist. No. 302

1. PLACE OF DEATH:

County.....Washington
 City or town.....Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....Transient
 Hospital, institution, or street address where death occurred:
S. Potomac St. Hotel Colonial
 How long in hospital or institution?.....D.O.A.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State.....W. Va. County.....Berkley
 City or town.....Martinsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....412 S. Raleigh St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....☒

3. (a) FULL NAME

Lawrence Wilford Shives

3. (b) Social Security Number

4. Sex.....Male
 5. Color or race.....White
 6.(a) Single, married, widowed, or divorced.....Single
 6.(b) Name of husband or wife.....
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.).....Sept. 26, 1916
 8. AGE: Years.....31 Months.....3 Days.....20
 If less than one day..... hrs. min.

9. Birthplace.....Connelsville-Fayette Co., Pa.
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER
 12. Name.....Wilford S. Shives
 13. Birthplace.....Connelsville, Pa.

MOTHER
 14. Maiden name.....Helen A. Nebraske
 15. Birthplace.....Connelsville, Pa.

16. Informant.....Wilford S. Shives W. Va.
 Address.....412 S. Raleigh St. Martinsburg

17. Burial.....Burial Date thereof.....Jan. 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory.....Rosedale Cemetery
 Location.....Martinsburg, W. Va.

18. Funeral director.....Fred W. Kraiss
 Address.....Hagerstown, Md.

19. Jan. 16, 1948
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

About

20. DATE OF DEATH.....Jan. 15 1948 at 10:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to..... 19.....

and that I last saw h..... alive on..... 19.....

Immediate cause of death.....

Rheumatic fever

Due to.....

aortic insufficiency

Due to.....

chr. myocarditis

Other conditions.....acute ventricular fibrillation

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....dropped lead in tap room Injured at work?

23. SIGNATURE.....J. Robert Walls DEPUTY MEDICAL EXAM.

Address.....WASH. CO., MD. M. D. number

Date.....1/16/48

RECEIVED

JAN 19 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00959

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 years
Hospital, institution, or street address where death occurred:
622 W. Church St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 622 W. Church Street
(If rural, give LOCATION)
2.(a) If veteran, name War

3. (a) FULL NAME
Howard David Shrader

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Gertrude M. Shrader

7. Birth date of deceased (mo., day, yr.) October 16, 1879 6. (c) If alive, give age years

8. AGE: Years 68 Months 2 Days 19 If less than one day hrs. min.

9. Birthplace Greencastle- Franklin Co., Pa.
(Town, county, and state)

10. Usual occupation Painter

11. Industry or business

12. Name William Shrader

13. Birthplace Franklin Co., Pa.

14. Maiden name Martha Bell

15. Birthplace Franklin Co., Pa.

16. Informant Mrs. Gertrude Shrader

Address 622 W. Church St. Hagerstown, Md.

17. Burial Date thereof Jan. 7 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Jan 7, 1948 Registrar Bluff Bowers
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4, 1948 2:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/5 1948 to 1/4 1948

and that I last saw him live on 1/4 1948

Immediate cause of death Chronic Endocarditis DURATION

Pericarditis

Born Chorea

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature V. D. Miller

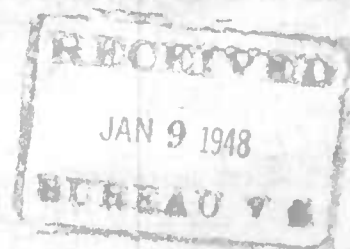
23. SIGNATURE DR. VICTOR D. MILLER M. D. or other

Address 131 W. WASHINGTON ST. Date 1/5 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
County... Hagerstown, Maryland
City or town... (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 years
Hospital, institution, or street address where death occurred:
Washington County Hospital
How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Maryland County... Washington
City or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 432 Cook Street
(If rural, give LOCATION)
2. (a) If veteran, name war...

3. (a) FULL NAME
Frederick C. Sivits

3. (b) Social Security Number
719-05-6343

4. Sex MALE
Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Lulu Sivite

6. (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) August 12, 1890

8. AGE: Years 57 Months 4 Days 25 If less than one day hrs. min.

9. Birthplace Rockwood, Pa.
(Town, county, and state)

10. Usual occupation R.R. Brakeman

11. Industry or business N.W.R. Railroad

12. Name James A. Sivits

13. Birthplace Rockwood, Pa.

14. Maiden name Rosanna Smith

15. Birthplace Rockwood, Pa.

16. Informant Mrs. Fred. C. Sivits

Address Hagerstown, Maryland

17. Burial Date thereof 1-9-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Maryland

19. Jan. 9, 48 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6, 1948, at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 23, 1947, to Jan 6, 1948

and that I last saw him alive on Jan 6, 1948

Immediate cause of death Duodenal Ulcer

DURATION 6 mos.

Due to

Due to

Other conditions Bronchial Asthma

10 yrs.

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy result Duodenal Ulcer with hemorrhage

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert P. Conrad, M.D.

Address Hagerstown, Md. Date signed 1-9-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 12 1948

STREAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00961

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington CountyCity or town Hagerstown Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 weeksHospital, institution, or street address where death occurred:
17 Glenside Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown Maryland
(If outside city or town limits, write RURAL and give nearest town)Street No. 17 Glenside Ave.
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

Mr. Harry Lefever Snyder

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Sarah Dolly Cline Snyder
deceased

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Sept. 23 18688. AGE: Years Months Days It less than one day
79 4 8 _____ hrs. _____ min.9. Birthplace Williamsport Md RFD #1
(Town, county, and state)10. Usual occupation Supervisor Of roads11. Industry or business Repairing Roads12. Name Simon Snyder13. Birthplace Downsville Maryland14. Maiden name Mary Virginia Lefever15. Birthplace Williamsport, Maryland16. Informant Mrs. Edgar L Sprecher (daughter.)Address 17 Glenside Ave. Hagerstown Md.17. Burial Date thereof Feb. 3 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Manor CemeteryLocation Near Tilghmanton Maryland18. Funeral director Edith V. LeafAddress #7 Church Street Williamsport,19. Feb. 3, 1948 Blair H. Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/31/48 19____ at S.P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/31/47 19____ to 1/31/48 19____and that I last saw him alive on 1/31/48 19____Immediate cause of death Coronary Occlusion DURATION Immediate

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

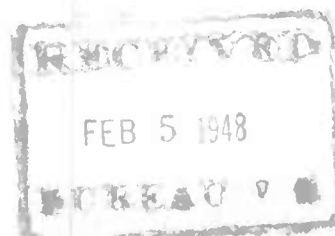
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE J. P. Grogan _____Address Williamsport, Md _____ Date signed 2/2/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00962

Reg. Dist. No. 301

1. PLACE OF DEATH:

County WashingtonCity or town Williamsport
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 Weeks

Hospital, institution, or street address where death occurred:

44 West Potomac St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Williamsport
(If outside city or town limits, write RURAL and give nearest town)Street No. 44 West Potomac St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Nannie A. Speaker

3.(b) Social Security Number

None4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife John H. Speaker6.(c) If alive, give age 71 years7. Birth date of deceased (mo., day, yr.) March 12, 18768. AGE: Years 71 Months 10 Days 4 If less than one day
..... hrs. min.9. Birthplace Bakersville, Washington, Maryland
(Town, county, and state)10. Usual occupation Housewife
At Home

11. Industry or business

12. Name Benjamin Lowery
13. Birthplace Bakersville, Wash., Maryland14. Maiden name Mary C. Hines
15. Birthplace Bakersville, Maryland16. Informant Roy Lowery
Address 118 West Potomac St. Williamsport, Maryland.17. Burial Date thereof Jan. 18, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Bakersville Cemetery
Bakersville, Maryland
Location18. Funeral director Edith V. Leaf
Address Williamsport, Maryland.19. Jan. 18 48 Mr. E. Lee M. Clay
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 1948 at 10:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1947 to Jan. 16 1948and that I last saw her alive on Jan. 15 1948Immediate cause of death Cerebral hemorrhage.Due to Cerebral hemorrhage.Due to Cerebral hemorrhage.Due to Cerebral hemorrhage.Due to Cerebral hemorrhage.Due to Cerebral hemorrhage.Diagnosed conditions Myocarditis Stage 2

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

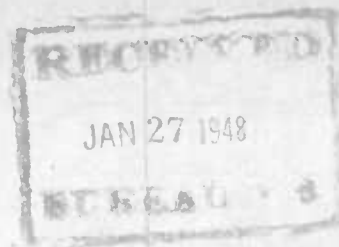
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE [Signature] M. D. or otherAddress Williamsport Md. Date signed 1/17/48

RECORDED
JAN 24 1943
BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
 County.....
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 38 years
 Hospital, institution, or street address where death occurred:
 633 Washington Avenue
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland..... County..... Washington.....
 City or town..... Hagerstown.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 633 Washington Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME Stewart W. Swartz

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Mary A. Swartz
 7. Birth date of deceased (mo., day, yr.) May 6, 1893
 8. AGE: 54 Years 8 Months 15 Days If less than one day
 hrs. min.

9. Birthplace Ridgeway----- Virginia
 (Town, county, and state)
 10. Usual occupation.....
 11. Industry or business Blue Ridge Bus Lines
 12. Name Willaim G. Swartz
 13. Birthplace Ridgeway, Virginia
 14. Maiden name Sallie R. Swartz
 15. Birthplace Ridgeway, Virginia

16. Informant Mrs. Mary A. Swartz
 Address 633 Washington Ave. Hagerstown, Md.
 17. Burial Date thereof Jan. 24, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rest Haven Cemetery
 Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss
 Address Hagerstown, Md.

19. Jan 24, 1948 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21, 1948 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on 19

Immediate cause of death Asphyxia (illuminating gas)
 Due to

Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

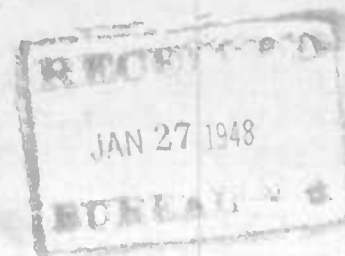
Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Suicide Date of 1/21/48
 Where did injury occur? Hagerstown, Wash. Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home
 Means of injury Illuminating gas Injured at work? No

DEPUTY MEDICAL EXAM.
 WASH. CO., MD.

23. SIGNATURE J. Robert Wells M. D. over
 Address 1157 Patomac Hagerstown, Md. Date signed 1/22/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: **Washington**
 County **Hagerstown**
 City or town **16 years**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
339 Linganore Ave.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County **Washington**
 City or town **Hagerstown**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **339 Linganore**
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Helen M. Sweeney

3. (b) Social Security Number

214-16-0676

4. Sex **Female** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Married**
 6.(b) Name of husband or wife **Joseph L. Sweeney**
 6.(c) If alive, give age **25** years
 7. Birth date of deceased (mo., day, yr.) **September 5, 1923**

8. AGE: Years **24** Months **24** Days **13** If less than one day
 hrs. min.

9. Birthplace **Smithburg Wash. Md.**
 (Town, county, and state)

10. Usual occupation **Clerk**

11. Industry or business **McCrorys 5&10**

FATHER 12. Name **John Cross**

13. Birthplace **Beaver Creek Md.**

MOTHER 14. Maiden name **Minnie Fulton**

15. Birthplace **Beaver Creek Md.**

16. Informant **Mr. Gerald Cross**

Address **Hagerstown Rt. 5**

17. Burial Date thereof **1-20-48**

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Rose Hill Cemetery**

Location **Hagerstown Md.**

18. Funeral director **Scott F. Minnich & Son**

Address **Hagerstown Md.**

19. Jan. 20, 48 **Blair H. Bower**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **January 18 48 7:30a M**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **11-11-48** to **1-18-48**
 and that I last saw him alive on **1-17-48**

Immediate cause of death **Pulmonary Tuberculosis**
 DURATION **1 year**

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Mans of Injury Injured at work?

23. SIGNATURE **Salters M. Tibbitts, M.D.**
 M. D. or other

Address **998 Potomac Ave** Date signed **1-19-48**
Hagerstown, Maryland

RECEIVED

JAN 22 1948

ST. LOUIS, MO.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
City or town Hagerstown, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 year
Hospital, institution, or street address where death occurred:
Washington County Hospital
How long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1112 Fairview Road
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Jerry L. Tucker

3. (b) Social Security Number

NONE

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) January 2, 1944 6.(c) If alive, give age years

8. AGE: Years 4 Months 0 Days 28 If less than one day hrs. min.

9. Birthplace Washington, D. C.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Clarence L. Tucker

13. Birthplace Washington, D. C.

MOTHER 14. Maiden name Vanita Watkins

15. Birthplace Decatur, Illinois

16. Informant Clarence L. Tucker

Address Hagerstown, Maryland

17. Burial Rest Haven Cemetery Date thereof 2-2-48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Hagerstown, Maryland

Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Maryland

19. Feb. 2, 1948 Registrar Phyllis Bowers
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30, 1948 at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 2, 1947 to Jan 30, 1948

and that I last saw him alive on Jan 30, 1948

Immediate cause of death

Metastases to liver

Due to Wilms' Tumor

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Wilms' Tumor 2 liver metastases

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

23. SIGNATURE Elizabeth L. Lewis

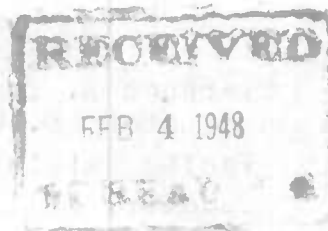
Address 214 N. Potomac St., Hagerstown, Md.

Date signed 1-31-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and legibly. is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131a 00967 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Two months

Hospital, institution, or street address where death occurred:

Garlock Memorial Home; 241 S. ProspectHow long in hospital or institution? Two months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State West Virginia County JeffersonCity or town Shepherdstown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Anna Eliza Gaster Van Metre

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife George Newton Van Metre7. Birth date of deceased (mo., day, yr.) Jan. 5, 1886

6. (c) If alive, give age _____ years

8. AGE:

Years

61

Months

11

Days

27

If less than one day

_____ hrs. _____ min.

9. Birthplace Shepherdstown, Jefferson, W. Virginia
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

At home

FATHER

12. Name

John Gaster

13. Birthplace

Near Hancock, Maryland

MOTHER

14. Maiden name

Margret Eliza Cookus

15. Birthplace

Shepherdstown, West Virginia

16. Informant

Mrs. Floyd Benner

Address

Marbarn Road; Halfway, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereat Jan. 4, 1948
(month) (day) (year)

Cemetery or crematory

Elmwood Cemetery

Location

Shepherdstown, West Virginia

18. Funeral director

Mrs. Edith V. Leaf

Address

Williamsport, Maryland19. Jan. 2, 1948
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2, 1948 at 6:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 13, 1947 to Jan 2, 1948
and that I last saw him alive on Jan 1, 1948

Immediate cause of death

Chf. Interst. Nephritis
Chf. Myocarditis

DURATION

2 yrs
2 yrs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

Robert P. Conrad, M.D.

M. D. or other

Address

Hagerstown, MdDate signed Jan 2, 1948

RECEIVED

JAN 5 1948

BUREAU

00968

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

3021

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 years

Hospital, institution, or street address where death occurred:

Crash Co. HospitalHow long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 127 Virginia Avenue
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

none

3. (a) FULL NAME

Annie B. Watkins

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

William Watkins

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

September - 1 - 1864

8. AGE:

Years

Months

Days

If less than one day

83410

hrs.

min.

9. Birthplace

Westminster Md.
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

12. Name

no Record

13. Birthplace

""

14. Maiden name

noRecord

15. Birthplace

""

16. Informant

Mrs. Milburn Jennings

Address

127 Virginia Ave. Hagerstown Md.

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof

Jan. 13, 1948
(month) (day) (year)

Cemetery or crematory

Mountain View Cemetery

Location

Sharpsburg Md.

19. Funeral director

Chas. B. East & Son

Address

Boonsburg Md.

19. (Date rec'd by registrar)

Jan. 12, 1948Chap. Bowers

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January - 11 - 1948 at 9:45 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Jan. 7 19 48 to Jan 11 19 48and that I last saw him alive on Jan 11 19 48

Immediate cause of death

Fracture Left Femur

DURATION

11/7/48

Due to

arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Jan 8 1948

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) homeMeans of injury Fallen floor Injured at work?

23. SIGNATURE

H. S. Porterfield M.D.

M. D. or other

Address 136 W WashingtonDate signed 1/12/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Porterfield



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

00969

304

1. PLACE OF DEATH:

County WashingtonCity or town Rural - Hancock
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Woodmont Road - near Hancock

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hancock
(If outside city or town limits, write RURAL and give nearest town)Street No. W. Main Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Franklin Fudovich Watkins

3. (b) Social Security Number

212-24-6174

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

June 11, 1929

8. AGE:

Years

Months

Days

If less than one day

18627

_____ hrs.

_____ min.

9. Birthplace Hagerstown, Washington, Md.
(Town, county, and state)10. Usual occupation Assistant to Funeral Director

11. Industry or business

FATHER

12. Name Frank F. Watkins13. Birthplace Hagerstown, Md.

MOTHER

14. Maiden name Catherine Stoner Watkins15. Birthplace Hagerstown, Md.16. Informant Mrs. Frank F. WatkinsAddress Route #2, Hagerstown, Md.17. Burial (Burial, cremation, or removal. Which?) Date thereof January 10, 1948
(month) (day) (year)Cemetery or crematory Rest Haven CemeteryLocation Hagerstown, Md.18. Funeral director Charles R. BastAddress Hancock, Md.19. Jan-10 48 J. H. Heller
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 48 12:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19_____, to _____ 19_____,

and that I last saw him _____ alive on _____ 19_____,

Immediate cause of death

Fractured skullDue to Hemorrhage & shock

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

_____ Date of op. _____

Autopsy results

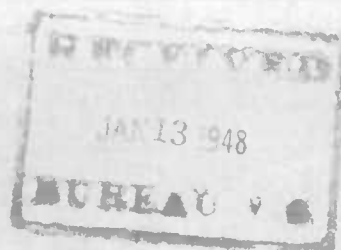
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Jan. 7-48Where did injury occur? Hancock, Wash., Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Woodmont Rd.Means of injury Car skidded & turned over

DEPUTY MEDICAL EXAM.

23. SIGNATURE J. Robert Wells WASH. CO., MD.Address Hagerstown, Md. Date signed Jan. 7-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

164c CB

00970

Reg. Dist. No. 302

1. PLACE OF DEATH:
 County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Transit
 Hospital, institution, or street address where death occurred:
Penn. R. R. Station
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Pennsylvania County..... Dauphin Co.
 City or town..... Harrisburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 300 N. 31 St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... ✓

3.(a) FULL NAME Charles Templeton Yocum

3.(b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife..... Grace Yocum
 7. Birth date of deceased (mo., day, yr.) January 8, 1902 6.(c) If alive, give age 26 years
 8. AGE: Years 46 Months 0 Days 2 It less than one day
 hrs. min.

9. Birthplace Philadelphia, Pennsylvania
 (Town, county, and state)
 10. Usual occupation Postal Clerk
 11. Industry or business H. S. Govt. Employee
 12. Name John P. Yocum
 13. Birthplace Sunbury, Penn.
 14. Maiden name Elizabeth Templeton
 15. Birthplace Philadelphia, Penn.

16. Informant Mrs. Grace Yocum
 Address 300 N. 31 st. St. Harrisburg, Pa.
 17. Burial Date thereof Jan. 14, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Norristown Cemetery
Norristown, Pa.
 Location
 18. Funeral director Fred W. Kraiss
 Address Hagerstown, Maryland.

19. Jan 10. 48 Chas H. Powers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 10, 1948..... at About 10:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19....., 10.....19.....
 and that I last saw him.....alive on.....19.....

Immediate cause of death..... Wound
Gun shot, through skull
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....
 Autopsy results..... NO
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Jan 10/48
Suicide
 Accident, suicide, or homicide..... Date of.....
Hagerstown, Wash. Md.
 Where did injury occur?.....
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) In RR mail car
shot self with revolver
 Means of injury..... Injured at work?

23. SIGNATURE..... S. Robert Wells DEPUTY MEDICAL EXAM.
Hagerstown, Md. WASH. CO., MD.
 M. D. Jan. 10-48
 Address..... Date signed.....

